

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 3:37

DOCUMENT # P93000067913 (2)

1. Corporation Name
LAURENCE DANG, INC.

Principal Place of Business Mailing Address
1509 W. BUSCH BLVD. SUITE B TAMPA FL 33612
8548 GUNN HWY ODESSA FL 33556
1509 W. BUSCH BLVD. SUITE B TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/23/1993** 3a. Date of Last Report **04/27/1994**

4. FEI Number **59-3201754** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

21. Principal Place of Business 8548 GUNN HWY	26. Mailing Address 8548 GUNN HWY
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State ODESSA FL	28. City & State ODESSA FL
24. Zip 33556	29. Zip 33556
25. Country HILLS	30. Country HILLS

9. Name and Address of Current Registered Agent
**DANG, LAURENCE
1509 W. BUSCH BLVD. SUITE B TAMPA FL 33612**
8548 GUNN HWY ODESSA FL 33556

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when constituting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	DANG, LAURENCE
STREET ADDRESS	8548 GUNN HY
CITY - ST - ZIP	ODESSA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Laurence Dang*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR FILER OR DIRECTOR
LAURENCE N. DANG

C. ...
11/7/95
920 1088