FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000085425 (5)

VIET GARDEN, INC.

<u> </u>		
Principal Place of Business	Mailing Address	
1237-1239 E. COLONIAL DR. ORLANDO FL 32803	1237-1239 E. COLONIAL DR. ORLANDO FL 32803-4701	٠

FILED Apr 18 1997 8:00am Secretary of State



ONCAMOU FL S	02000	ONEANDO PE 32003-4701					
				3. Date Incorporated or Qualified	3a. Date of Last Report		
				12/08/1993	02/27/1996		
	face of Business	2a. Mailing Address		4. FEI Number	Applied For		
21		26		59-3214039	Not Applicable		
Sulte, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional		
22		27	- 		Fee Required		
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be		
Zip	Country	7ip	Country	Trust Fund Contribution			
24	25	<u>├</u> ─┐	10]	8. This corporation has liability for i	intangible tax under s. 199.032, ☐ Yes ☐ No		
<u> </u>	9. Name and Address of Current		1	10. Name and Address of New Re			
LIAI I	TUEDECA		81 Name				
HALL, THERESA -511FJEATHNE-BOURT 721 TETROLE BIVE -DRIANDO-FL 32807 OR LANDO, FR							
			82 Streel Address (P.O. Box Number is Not Acceptable)				
			83				
		32803			1		
		3000	> 84 City		El 85 Zip Code		
11. Pursuant t	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	the above-named	corporation submits this statement for the p	urpose of changing its registered		
office or re agent. I ar	egistered agent, or both, in the State on familiar with, and accept the obligation $oldsymbol{m}$	of Florida, Such change was au lions of, Section 607.0505, Flori	thorized by the cor da Statutes.	poration's board of directors. Thereby accep	of the appointment as registered		
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NOTE:	Registered Agent signature	c required when reinstaking)	DATE		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12		
TITLE	P P/	DELETE	1.1 T/IL€		Change Addition		
NAME		MITHERESA	1.2 NAME	[·			
STREET ADDRESS		Terrace biv					
CITY-ST-ZIP	DRILANDO FL 32803 OPU	AN DO, FZ 3>80					
TITLE	VST VST	PO DELETE	2.1 TITLE		Change Addition		
NAME	HALL, THERESA	TAIL SA DE.	22 NAME				
STREET ADDRESS	5117 JEANNINE ST. 5931	DAM CATAPA	2 3 STREET ADDRESS				
CITY-ST-ZIP	OFFLANDO FL 82807 O PLA	10172 30 80 7	2 4 CHTY-ST-ZIP	<u> </u>			
TITLE		L') DETETE	3.1 TITLE	· .	Change Addition		
NAME			3.2 NAME	:			
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP		DELETE	3.4. CITY - \$1 - 7IP		Change Addition		
TITLE			4.1 TITLE		LJ Change LJ AUGINON		
NAME CYASET ADDRESS			4, 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS		ı		
TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition		
NAME		Detter	5.1 TILLE 5.2 NAME		C CHANGE C MODITION		
1			1	· ·			
STREET ADDRESS			5 3 STREET ADDRESS				
TITLE		DELETE	6.4 CITY+ST-ZIP 6.1 TITLE		Change Addition		
		LJ DUILIC			Change C Woolings		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP	w carlifu that the information supplied	with this filing does not availed	6.4 CHY-S1-7IP	totad in Section 110 07/9/0) Florida O-1 des	Liturther cortifu that the		
information	ny centry triat trie information supplied	with this thing does not qualify to	tor the exemption s	stated in Section 119.07(3)(i), Florida Statutes	s. I turiner 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; the lam 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 actives.

CICMATIDE.

SIGNATURE

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4/10/97 407-896-4154