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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400005475 (6)

ATTORNEY CAREER ADVANCEMENTS, INC.

FILED Jan 15 1997 8:00am Secretary of State



Principa Place o	of Business	Business Maling Address						
1405 NW 49 AVE COCONUT CREEK FL 33063 1405 NW 49 AVE COCONUT CREEK FL 33063 COCONUT CREEK FL 33063-3935								
(SAME AS A BOVE) 2. Principal Place of Business		(SAME AS ABOVE)		3. Date Incorporated or Qualified 3a. Date 0 01/13/1994 04/05		of Last Report 5/1996		
2. Principal Prac	ce of Business	2a. Mailing Address	1	4. FEI Number		 - - 	pplied For	
	1W 49 Ave	26 1405 NW 49	Ave	65-0463885			ot Applicable	
Suite, Apt #,	e tc	Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional equired	
City & State 3 COCOHU	T CREEK. FL	City & State 28 COCOHUT CREEK, FL		6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees	
3306.		29 33063-393530	untry USA		Yes 🔟	V 0	. 199.032,	
	9. Name and Address of Current	Registered Agent	81 Name	18: Name and Address of New Rec	istered Age	<u>int</u>		
NGUYEN, HUNG T			Name					
1405 NW 49 AVE COCONUT CREEK FL 33063			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)			
LUCU	MUT CHECK PL 33003		83				***************************************	
			20					
			84 City		FL '	35 Zip	Code	
12.	granne spjerter pri led care of reliefe el aper OFFICERS AND DT	DiRECTORS 38		ADDITIONS/CHANGES TO OFFIC		RECTOR	RS IN 12	
	dt Nguyen, Bach-Mai Thi		TITLE		L	Change	Addition	
	1405 NW 49TH AVENUE		NAME Street address					
	COCONUT CREEK FL 33063	1	CITY ST-ZIP					
TITLE	P		TITLE			Change	Additio	
	nguyen, hung trieu	2.2	NAME					
i .	1405 NW 49 AVE		STREET ADDRESS			•		
C-TY - ST - ZIF	COCONUT CREEK FL		CITY-ST-ZIP			Change	Additio	
NAME			NAME		L) Onlingo	End receive	
STREET ADDRESS			STREET ADDRESS					
CITY - ST - ZIP		34	City-St-ZIP					
Tille	A	□ DELETE 41	TITLE			Change	Add-tic	
NAME			NAMé					
STREET ADDRESS			STREET ADDRESS					
CHY-SI-7/P THLE			CITY - ST - ZIP TITLE			Change	Additio	
NAME			NAME			,	board P specifics	
STREET ACIDALISS			STREET ADDRESS					
CITY-ST-Z#		5.4	CITY - ST - ZIP					
TITLE		☐ DELETE €.1	TITLE			Change	Additi	
NAME		62	NAME					
STREET ADDRESS			STREET ADDRESS					
City-St-ZiP		6.4	CITY-ST-ZIP					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 charged, or on an attachment with an address

SIGNATURE: