

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jan 20 1998 8:00am  
Secretary of State

DOCUMENT # **P94000005475 (6)**

1. Corporation Name

**ATTORNEY CAREER ADVANCEMENTS, INC.**

Principal Place of Business

Mailing Address

**1405 NW 49 AVE  
COCONUT CREEK FL 33063**

**1405 NW 49 AVE  
COCONUT CREEK FL 33063**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/13/1994**

4. FEI Number

**65-0463885**

Applied For

Not Applicable

5. Certificate of Status Desired **NO. ~~NEW~~**

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

**21 1405 NW 49 AVE**

Suite, Apt. #, etc.

**22 City & State**

**23 COCONUT CREEK FL**

**24 Zip 33063**

Country

2a. Mailing Address

**26 1405 NW 49 AVE**

Suite, Apt. #, etc.

**27 City & State**

**28 COCONUT CREEK FL**

**29 Zip 33063**

Country

9. Name and Address of Current Registered Agent

**NGUYEN, HUNG T  
1405 NW 49 AVE  
COCONUT CREEK FL 33063**

10. Name and Address of New Registered Agent

**81 Name**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**83**

**84 City**

**FL**

**85 Zip Code**

**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

**X**

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE ☐ DELETE

**NAME DT  
NGUYEN, BACH-MAI THI  
STREET ADDRESS 1405 NW 49TH AVENUE  
CITY-ST-ZIP COCONUT CREEK FL 33063**

TITLE ☐ DELETE

**NAME P  
NGUYEN, HUNG TRIEU  
STREET ADDRESS 1405 NW 49 AVE  
CITY-ST-ZIP COCONUT CREEK FL**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

☐ Change ☐ Addition

**1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP**

**14.** I 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 changed, or on an attachment with an address.

SIGNATURE

**T 5th 1998 954 909 1601**

CR2E034 (10/97)