

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 16 PM 2:50

DOCUMENT # **P94000019285 (3)**

1. Corporation Name

**TAN CHAU MARKET, INC.**

Principal Place of Business:

**4543 S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32839**

Mailing Address:

**4543 S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32839**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/07/1994**  
3a. Date of Last Report

4. FEI Number: **59-3225843**  
Applied For:  Not Applicable

2. Principal Place of Business:

21

2a. Mailing Address:

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

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

9. Name and Address of Current Registered Agent

**DUC, TRINH X  
4543 S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32839**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 05 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 607.1505, Florida Statutes.

SIGNATURE

*Duc Trinh X*

*President*

**2-13-95**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>DUC, TRINH X</b>
STREET ADDRESS	<b>4543 S. ORANGE BLOSSOM TRAIL</b>
CITY, ST, ZIP	<b>ORLANDO FL 32839</b>
TITLE	<b>D</b>
NAME	<b>KIA, TRINH M</b>
STREET ADDRESS	<b>4543 S. ORANGE BLOSSOM TRAIL</b>
CITY, ST, ZIP	<b>ORLANDO FL 32839</b>
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am a resident of the State of Florida. I understand that the information filed on this annual report or supplemental annual report is true and correct and that my corporation shall have the same legal effect and that I shall be liable for the same. I understand that the information on this report is required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report as an officer, director, or shareholder.

SIGNATURE:

*Duc Trinh X*  
SIGNATURE AND TYPE OF POSITION OF OFFICER OR DIRECTOR

**DUC X TRINH**

**2/13/95 (457) 649-4811**