

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

CORPORATION
ANNUAL REPORT
1995



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

*SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PH 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 3a. Date of Last Report
03/07/1994

④ FEI Number 59-3225843	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199(D)(2). Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 26

State, Apt. #, etc.

2d. Mailing Address

26

Sub, Apt. #, etc.

22 27

City & State

27

City & State

23 28

Zip

28

Country

24 25

Zip

29

Country

30

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

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

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 607.1508, Florida Statutes.

SIGNATURE: *X DUC TRINH X* President

2-13-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
OFFICER	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUC, TRINH X	12 NAME	
STREET ADDRESS	4543 S. ORANGE BLOSSOM TRAIL	13 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32839	14 CITY, ST, ZIP	
OFFICER	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIA, TRINH M	22 NAME	
STREET ADDRESS	4543 S. ORANGE BLOSSOM TRAIL	23 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32839	24 CITY, ST, ZIP	
OFFICER		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
OFFICER		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
OFFICER		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
OFFICER		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I declare by oath that the information supplied with this form is voluntarily furnished and does not qualify for the exemption provided in section 119.06(1), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in writing. That I am an officer or director of the corporation or the person or persons employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block A or Block B of block 1, or both, in my official capacity.

SIGNATURE: *X DUC TRINH X* DUC X TRINH 2/13/95 (407) 649-4811
SIGNATOR AND TYPE OR PRINT NAME OR SIGNATURE OF OFFICER OR DIRECTOR