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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000061701 (6)

DOCUMENT #

1. Corporation Name

PETER TRAN AND KA	THY TRAN	. INC:
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Principal Place of Business 700 WEST JACKSON STREET

700 WEST JACKSON STREET PENSACOLA EL 32501



					3. Date incorporated or Qualified 08/22/1994		of Last Report 4/26/1995
Business	2a. Mailing Addres	95			4. FET Number 59-3264359		Applied For Not Applicat
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additiona Fee Required			
	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Country	Zip	, ` <u>}</u> ==-ŋ			Horida Statutes 🔲 Yes	. No	
				10. Name and Address of New Registered Agent			
Vanie and Address of Odi			81	Name			_
TRAN, PETER 700 WEST JACKSON STREET PENSACOLA FL 32504			82	Street Addre	ess (P.O. Box Number is Not Acceptal	ole)	
			83				
			1 1	,		FL	85 Zip Code
-	Country 25 lame and Address of Cur R ACKSON STREET FL 32504	City & State 27 City & State 28 Zup 29 Jame and Address of Current Registered Agent ACKSON STREET FL 32504	26	26	State, Apt. #, etc. State, Apt. #, etc. City & State 28	Suite, Apt. #, etc. Suite, Apt. #, etc.	State Apt

rursuant to the provisions of sections our cook and eor, rough, rioridu Statutes, the action named corp or registered agent, or both, in the State of Florida Such change was authorized by the corporation's b familiar with, and accept the obligations of, Section 607.0505, Floridu Statutes

SIGNATURE ,		e. August med son it signat medicalised	when need they
S	Grant of Expect of providing of the professional care of the Edition (NO)	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	[7] NO. EN	1 1 THUE	Change Addition
TITLE	υ	1.2 NAVE	
NAMÉ	TRAN, PETER	13 STREET ADDRESS	
STHEET ADDRESS	535-B SOUTH 61ST AVENUE	14 CFY ST-26"	
CITY - S1 - ZIF	PENSACOLA FL 32506	2 1 101.5	Change Addition
TITLE	ע	2.2 N/ ME	
NAME	TRAN, KATHY	2 3 STREET AUDRESS	
STREET ADDRESS	535-B SOUTH 61ST AVENUE	2.4 City - \$1 - 700	
CHY-ST-ZIP	PENSACOLA FL 32506	3 1 I ILE	Change Addition
TITLE		3.2 N INE	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		34 C TY - ST - ZIP	
CITY - ST - ZIP	DELEIE	4 1 1 ILF	Change Addition
TITLE	[] bitch	4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS			
CITY - ST - ZIP	C Divers	44 C TY - ST Z'P	Change Addition
TITLE	DELETE		
NAME		5 2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	50000	5.4 C(Ty - ST - Z)P	Change Addition
TITLE	DEFEIE	6 1 TITLE	
NAME		6.2 HAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - S1 - ZIP		64 DITY - S1 - Z.P	for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 eath; 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.

MATHY - 12.40
THE AND THE OR PRINTED NAME OF SIGNING DEFICER OR DIFFECTOR

9044330790