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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1997 8:00am

Secretary of State

£89.00.00

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000072680 (9)

CHAU CONSULTING, INC.

Principal Place of Business Mailing Address  1485 DRUID ROAD 1465 DRUID ROAD CLEARWATER FL 34618 CLEARWATER FL 34616-61			6180		
				<ol> <li>Date Incorporated or Qualified 09/29/1994</li> </ol>	3a. Date of Last Report 07/18/1996
2. Principal F	Place of Business	28, Mailing Address	·/	4. FEI Number	Applied For
21		[26]		59-3272648	Not Applicab
Suite, Apt #, etc.		Suile, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat 23	9	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z(p	Country	8. This corporation has liability for i	
24	25 Name and Address of Curre	29	[30]	<del></del>	Yes No
	SLEY, WALTER S	iit negistered Agent	81 Name	10. Name and Address of New Reg	Jistered Agent
ST.	1 62ND WAY N. PETERSBURG FL 33710		83 City	dress (P.O. Box Number is Not Acceptab	FL 85 Zip Code
office or r agent. I a SIGNATURE				poration submits this statement for the p ition's board of directors. Thereby accep	
12.	Signature, typed or printed name of registered as	ion and title it applicable (N	OTE Registered Agent signar in requi	ared when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE
TITLE	PD	DELETE	1.1 1/1/16	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	CHAU, TRANG Q		1 2 NAMÉ		
STREET ADDRESS	1465 DRUID ROAD		13 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34616		1.4 CITY - ST - ZIP		
TITLE	VD	☐ DELETI	2 1 10 LE		Change Addition
NAME	NGUYEN, SEN T		2.2 NAME		
STREET ADDRESS	1465 DRUID ROAD CLEARWATER FL 34616		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	STD	DELFTE	2 4 GITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	CHAU, KHANH N		32 NAME		, Em sounds El Madrie
STREET ADDRESS	1485 DRUID ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34616		34 CHY-ST-7P		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREFT ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 C(EY - S1 - ZIP		Change Addition
VAME I		ר"ו מנדנונ	51 TITLE 52 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE	<u> </u>	DELETE	G.1 III.E		Change Addition
NAME			62 NAME		
CTREET ANDARCE			2220004 1 10070 0 2		

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 changed, or on an attacknown with an address.