

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

APPROVED
AND
FILED

00 MAR 23 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

PROFIT
CORPORATION
ANNUAL REPORT

Reinstatement

DOCUMENT # P96000009866 (0)

1. Corporation Name

ST. ANTON CORPORATION

Principal Place of Business

12505 BOYETTE RD.
RIVERVIEW FL 33569

Mailing Address

12505 BOYETTE RD.
RIVERVIEW FL 33569



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1996

4. FEI Number 59-3486026
APPLIED FOR

Applied For
Not Applicable

\$8.75 Additional
Fee Required

5. Certificate of Status Desired

\$5.00 May Be
Added to Fees

6. Election Campaign Financing
Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

PHAM, ANTON
12505 BOYETTE RD.
RIVERVIEW FL 33569

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

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

ANTON PHAM

3/23/00

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 800003226058--2
NAME	PHAM, ANTON	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition -04/27/00-01012-007
STREET ADDRESS	12305 BOYETTE RD	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition ***900.00 ***900.00
CITY-ST-ZIP	RIVERVIEW FL	1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition ANTON PHAM
NAME		2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 12805 Boyette Rd.
STREET ADDRESS		2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition RIVERVIEW, FL 33569
CITY-ST-ZIP		2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition ANTON PHAM
NAME		3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 12805 Boyette Rd.
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TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition ANTON PHAM
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CITY-ST-ZIP		4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition ANTON PHAM
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TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition ANTON PHAM
NAME		6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 12805 Boyette Rd.
STREET ADDRESS		6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition RIVERVIEW, FL 33569
CITY-ST-ZIP		6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUESTED ANTON PHAM

3/23/00

(813)293-0821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0364149

CR2034 (1097)