


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

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000040862 (0)
 1. Corporation Name
PHAT NGOC, INC.



Principal Place of Business 3005 E. 11TH COURT PANAMA CITY FL 32401	Mailing Address 3005 E. 11TH COURT PANAMA CITY FL 32401
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business	22a Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
23 City & State	27 City & State
Zip	Country
24	25
29	30

3. Date Incorporated or Qualified
05/06/1996

4. FEI Number **59-3379728** Applied For Not Applicable

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

9. Name and Address of Current Registered Agent

NGUYEN, PHAT
3005 E. 11TH COURT
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	NGUYEN, PHAT	
STREET ADDRESS	3005 E. 11TH COURT	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	P	<input type="checkbox"/> DELETE
NAME	NGUYEN, BUI	
STREET ADDRESS	3005 EAST 11 CT	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NGUYEN, MYLINH	
STREET ADDRESS	539 SCHOOL AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TRAN, NGOC	
STREET ADDRESS	2232 LITTLE FLOWER LANE	
CITY-ST-ZIP	MARRERO LA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Phat Nguyen* *Phat* **2/18/98** **8078-5357**

CR2E034 (10/97)