FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 Aug 18 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthall Secretary of State **ANNUAL REPORT** Secretary 🐓 State DIVISION OF CORPORATIONS 1997 POCUMENT # P9600068160 NCGRUPAT TRANHA-INC INC TRAN Principal Place of Business Mailing Address 31541 US HIGHWAY 19 SOUTH 31541 US HIGHWAY 19 SOUTH PALM HARBOR FL 34684 PALM HARBOR FL 34684-3724 3. Date Incorporated or Qualified 3a. Date of Last Report 08/13/1996 2. Principal Place of Business 2a. Mailing Address 4. FELNI Applied For 21 Not Applicable 26 Sulte Ant #, etc. Suite. Apt. #. etc. \$8.75 Additional \Box 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032 24 25 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TRAN, STEVE 31541 US FIIGHWAY 19 SOUTH 82 Street Address PALM HARBOR FL 34684 83 84 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. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 11700 tran, steve 1.2 NAME NAME **674 CENTERWOOD** STREET ADDRESS 1.3 STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP 1.4 City - ST-ZIP DELETE Change Addition 2.1 TITLE TITLE QUAN TRAN 2.2 NAME NAME 674 CENTERWOOD DR STREET ADDRESS 23 STREET ADDRESS TARPON SPRINGS FL 34689 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE KY MINH HA NAME 8509 MANASSAS Rd STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-7/P CITY-ST-ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE

96/6)

Addition

Change

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***550.00 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 1

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

5.4 CITY - ST - ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP