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

**PROFIT** CORPORATION ANNUAL REPORT

1998

FI ORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

P96000068160 (6)

TRAN HA. INC. Principal Place of Business Mailing Address 31541 US HIGHWAY 19 SOUTH 31541 US HIGHWAY 19 SOUTH PALM HARBOR FL 34684 PALM HARBOR FL 34684 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>08/13/1996</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 59-3412848 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intengible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 TRAN. QUAN **674 CENTERWOOD DR** 82 Street Address (P.O. Box Number is Not Acceptable) TARPON SPRINGS FL 34689 83 R4 City 85 Zip Code Fl 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, typed or ponted name of registered agent and lifte if applicable (NOTE: Registered Agent signature required OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE MINH HA, KY NAME 1.2 NAME 8509 MANASSAS ROAD STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33635** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE 21 TITLE Change TITLE NAME tran, quan 2.2 NAME **674 CENTERWOOD DRIVE** STREET ADDRESS 2.3 STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE \_\_\_ Change Addition 3.1 TITLE TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-ST-ZiP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 this receiver or vustee 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 attachinguithti an address.

54 CITY-ST-ZIP

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CATY-ST-ZIP

TITLE NAME

DELETE

M.anty

☐ Change

Addition

**FILED** 

Feb 24 1998 8:00am

Secretary of State