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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P97000068530 (9) DOCUMENT #
1. Corporation Name
TOWN PLAZA INC

FILED May 08 1998 8:00am Secretary of State

IUW	'N PLAZA, I	INC:						
Principal F	lace of Busine	SS .	Mail	ling Address				
4455 HWY 90 4455 HWY 90								
PACE FL 32571 PACE FL 32571								
								DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified 08/07/1997
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For
21				26				59-3467882 Not Applicable
	.pt. #, et c.		- ├	Suite, Apt #, etc.				5. Certificate of Status Desired \$8.75 Additional
City & State				City & State				Fee Required
23	•			28				6. Election Cempaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	 ·				Cou	intry	;	This corporation owes or has paid the current year Intangible
24		25	29	· •	30			Personal Property Tax due June 30. Yes No
<u> * 7 </u>	9, Name	e and Address of Currer		red Agent	_1001	Γ		10. Name and Address of New Registered Agent
	PETRITSCH,	LANG TIEU				81	Name	
	4455 HWY 9					00	Ct 4	/DO Down Huntaria No. Accordately
	PACE FL 325					62	Street A	Address (P.O. Box Number is Not Acceptable)
						83		
						84	City	FL 85 Zip Code
11. Pursu	ant to the provi	sions of Sections 607.050	2 and 607	7.1508, Florida Statu	ites, the a	bove	e-named (corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
office agent	or re giste red a Lam fam itiar v	igent, or both, in the State vith, and accept the oblig	e of Florida alions of :	i. Such change was Section 607.0505. F	authorize Iorida Stal	d by tutes	/ the corp	poration's board of directors. I hereby accept the appointment as registered
)		, and decopy the owng						i
SIGNATU	Signature type	of or printed name of registered ago	ent and title d	applicable (NO	TE Registere	d Age	ent signature i	required when reinstating) DATE
12.		OFFICERS AN	D DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	N. 11000 STELL		DELETE	1.1 11	TLE	ļ	☐ Change ☐ Addition
NAME				1.2 NA		AME		
STREET ADORI				1.3 STREET			ADDRES\$	
CITY-ST-ZIP		FL 32571	<u>.</u>		1.4 C	ITY-S	I-2(P	
TITLE	D			☐ DELETE	2.1 (1	TLE		Change Addition
NAME	I .	N, VINH THE			2.2 N	AME		
STREET ADDRE					2.3 \$	TREET	ADDRESS	
CITY-ST-ZIP		FL 32571					ST-ZIP	
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NAME	1 4488 11	SCH, LANG TIEU			3.2 N			
STREET ADORE					1		ADDRESS	
CITY-ST-ZIP	PAUL	FL 32571		Deserve	_		S1-ZIP	
TITLE				☐ DELETE	4.1 TI	TLE		☐ Change ☐ Addition
NAME					4.21			
STREET ADDRE	SS						ADDRESS	
CITY-ST-ZIP	T-ZIP					_	T-ZIP	
TITLE				DELETE 5.1 T				Change Addition
NAME					5.2 NAME			
STREET ADDRESS					5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
CITY-ST-ZIP				DELETE		_	T-ZIP	☐ Change ☐ Addition
TITLE				□ becei¢	6.1 1		\	LJ Change LJ Addition
NAME					6.2 N		4500000	
STREET ADDRE	55						ADDRESS	
					■ 64C	11Y - S	T-ZIP	

14. Thereby 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 optrustee 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.