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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800000727

CHANH TRAN AND ASSOCIATES SOFTWARE DEVELOPMENT. INC.

Principal Place of Business	Mailing Address
2110 ORIOLE LN SOUTH DAYTONA FL 32119	2110 ORIOLE LN SOUTH DAYTONA FL 32119

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90056 026 ***150.00

Principal Place	of Business	Mailing Address			1 1989(1988) 119 1919(1981) 1811(1981) 1881(1981)	
2110 ORIOLE LN 2110 ORIOLE LN SOUTH DAYTONA FL 32119 SOUTH DAYTONA FL 32119						
		SOUTH DAYTONA FL 32119	H DAYTONA FL 32119		DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed	
					01/02/1998	
2. Principal Pl	lace of Business	2a. Mailing Address	<u> </u>		4 FEI Number Applied F	ог
21		26			59-35/9557 Not Appl	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Addition	
22		27			Fee Required	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May E	
23		28			Trust Fund Contribution Added to Fee	s
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☑No	.
24	[25]	29 30	<u>' </u>		Personal Property Tax. Light Yes And 10. Name and Address of New Registered Agent	
	9. Name and Address of Current	Registered Agent		81 Name		
TRAN	I, CHANH					
	ORIOLE LN		Ī	82 Street	et Address (P.O. Box Number is Not Acceptable)	
	TH DAYTONA FL 32119		-	83		
000	THE DATE OF THE SERVICE	1	ļ			
				84 City	FL 85 Zip Code	
14 Purcuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes.	the at	l ove-named	ed corporation submits this statement for the purpose of changing its regist	ered
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	it Fiorida. Such change was auth	опхеа	by the corp	orporation's board of directors. I hereby accept the appointment as registered	ed
SIGNATURE	Signature, typed or printed name of registered agent	and title if analisable (NOTE: 9a	oistarad	Agent signature	re required when reinstating) DATE	-
12.	OFFICERS AND		13.	- Som organisms	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	l 12
TITLE	PVD	☐ DELETE	1.1 TIT	LE		Addition
NAME	TRAN, CHANH		1.2 NA	ME		
STREET ADDRESS	2110 ORIOLE LN		1.3 ST	REET ADDRESS	SS	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119		1.4 CIT	Y-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TIT	LE	Change [Addition
NAME	TRAN, KATHRYN J	a mys	2.2 NA	ME		
STREET ADDRESS	2110 ORIOLE LN		2.3 ST	REET ADDRESS	ess	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119		2. 4 CI	TY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TIT	le	☐ Change	Addition
NAME	TRAN, MICHAEL D		3.2 NA	ME		
STREET ADDRESS	2110 ORIOLE LN		3.3 ST	REET ADORESS	ss	l
CITY-ST-ZIP	SOUTH DAYTONA FL 32119		3.4. CI	TY-ST-ZIP		
TITLE		☐ DELETE	4.1 TIT	LE	☐ Change	Addition
NAME			4.2 N	AME		3
STREET ADDRESS			4.3 ST	REET ADDRESS	ess	
CITY-ST-ZIP			4.4 CF	Y-ST-ZIP		
TITLE		☐ DELETE	5.1 TII	LE	☐ Change ☐	Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	REET ADDRESS	ESS	
CITY-ST-ZIP	<u> </u>			TY-ST-ZIP		
TITLE		☐ DELETE	6.1 TIT	TLE	Change	Addition
NAME	-		6.2 NA	ME		
STREET ADDRESS	}		6.3 ST	REET ADDRESS	ESS	
OUT OT TID			6.4 CF	TY-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, with all other like empowered.

SIGNATURE:

WATCH THANKS COTPAN