## 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 # P98000070902 1. Corporation Name

SON NAM CHINESE RESTAURANT, INC.

## **FILED** Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90094 002 \*\*\*150.00



Principal Place of Business	Mailing Address		- I (BUITHUL III IIII) TUUN UBIIS UURIS UBIIS UU	### ##### BB### # <b>#</b> ####################	
801 E BRANDON BLVD.	801 E BRANDON BLVD.		1		
BRANDON FL 33511	BRANDON FL 33511		DO NOT WOLLD IN THE	UO CDACE	
		·	DO NOT WRITE IN TH	11S SPACE	
			08/13/1998		
2. Principal Place of Business	2a. Mailing Address		4, FE) Number	Applied For	
21	26		59-3531538	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22	27		5. Certifcate of Status Desired	Fee Required	
City & State	City & State	<del></del>	6. Election Campaign Financing	\$5.00 May Be	
23	28		Trust Fund Contribution	Added to Fees	
Zip Country	Zip	Country	8. This corporation owes the current year		
24 25	29 30	<u>)</u>	Personal Property Tax.	Yes MNo	
9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registers	ad Agent	
ACCOUNTING & TAX HELP, INC.		81 Name	HUNG TRAN		
8668 PARK BLVD			ress (P.O. Box Number is Not Acceptable)		
SUITE A		83 30L	<u> 9. Oakwood AVE</u>	-0	
SEMINOLE FL 33777		63			
OLIMITOLL 1 E 30777		84 City D	RAN DON F	85 Zip Code 335//	
11. Pursuant to the provisions of Sections 607.05	00 - 4 007 4500 Florida Chaudan	Abo about named com	protion authorite this statement for the purpose	of changing its registered	
office or registered agent, and out, in the State agent. I am familiar with Land accept the obig	of Elorida. Such change was auth	orized by the corporation	on's board of directors. I hereby accept the ap	pointment as registered	
agent, I am amiliar with and accept the oblig	ations of, Section 607.0505, Florida	a Statutes.	01.1	26/99	
SIGNATURE Signature, local of printed parts of registered ag	ent and title if applicable. (NOTE: Re	gistered Agent signature require	d when reinstation) DATE		_
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	11/98
TITLE	☐ DELETE		P, D, T	☐ Change 🔀 Addition	11
NAME	,		TUNIG TRAN	. [	7
STREET ADDRESS			04 S. Cakwood Al	Æ,	Ü
CITY-ST-ZIP	-	I -	BRANDON FL 33	5/1	ģ
TITLE ,	☐ DELETE	2.1 TITLE	), V	☐ Change ☐ Addition	C
NAME '.		2.2 NAME	LINH MODUEN.		
STREET ADDRESS		2.2 CODECT ADDDECS	OH S. Cakwood AV	E.	
CITY- ST-ZIP	<u></u>	Baraman 1 = 1	mndon-, FL-33511.		
TITLE	DELETÉ	3.1 TITLE	, D	☐ Change ☐ Addition	
NAME		3.2 NAME	JGA TRAN wood AL	E.	
STREET ADDRESS		3.3 STREET ADDRESS 3.6	04 S. Caratt	-,,	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	randon FL 335	>//	
TITLE -	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME		4. 2 NAME	,	)	
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP		Channe Daddillon	
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME .		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP	ET AFIETE	5.4 CiTY-ST-ZIP		☐ Change ☐ Addition	
TITLE	☐ DELETE	6.1 TITLE		Therefore Therefore	
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY_ST_7ID		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 reserver or trustee impowered 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 application with an address, with all other like empowered.

SIGNATURE:

04/26/99

(813)654-5195