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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V69067

(9)

T.P. & C.N. LTD., INC.

ORLANDO FL 32007

Secretary of State

FILED

Apr 28 1998 8:00am

Principal Place of Business Mailing Address
2110 E. COLONIAL DRIVE 468 W HWY 436

468 W HWY 436 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

							10/01/1882			
2.	Principal Place of Business	24	. Mailing Address				4. FEI Number	Т	Applied For	
1		26					59-3143302	Γ	Not Applicable	
2	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.					•	.75 Additional ee Required	
City & State			City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
4]	Zip Country 25	29		30 Co	untry		8. This corporation owes or has paid the currer Personal Property Tax due June 30.	nt ye Yes	ar Intangible	
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
NGUYEN, CHAU					81	Name				
	489 W HIGHWAY 436 ALATAMONTE SPRINGS FL 32714				82	Street Addre	treet Address (P.O. Box Number is Not Acceptable)			
					83					
					84	City	FL	85	Zip Code	

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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ■ DELETE ☐ Change Addition TITLE 11 TITLE NGUYEN, CHAU NAME 1.2 NAME 468 W HIGHWAY 436 STREET ADDRESS 1.3 STREET ADDRESS ALTOMONTE SPRINGS FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Addition 3.1 TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE Change ☐ Addition 4.1 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 CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 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 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.

6.4 CITY-ST-ZIP

OLONIATURE.

CITY-ST-ZIP

NONYEN CHAIL 1/190/08

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