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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F86217

(9)

TRANS-GLOBAL PRODUCTS, INC.  Principal Place of Business Mailing Address  5444 BAY CENTER DRIVE 5444 BAY CENTER DRIVE 211  TAMPA FL 33609 TAMPA FL 33609-3400									
US		US				3. Date incorporated or Qualified 06/22/1982	3a. Date of Las 04/23/199		
2. Principal 21	Place of Business	2a. Mailing 26	Address			4. FEI Number 59-2214141		Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt.			Apt. #, etc.				□ \$8.7	5 Additional	
22		27		-		5. Certificate of Status Desired		Required	
City & Sta	ate	City & S	State		<del></del>	Election Campaign Financing     Total Coatribution		00 May Be	
<b>23</b> Zip	Country	28 Zip		Countr	y	Trust Fund Contribution  8. This corporation has liability for		ers 100 032	
24	25	29		30	•	Florida Statutes	Yes No	27 9. 100,00E;	
	9. Name and Address of Cu		gent			10. Name and Address of New R	egistered Agent		
	SEY, JAY			81	Name	•			
5444 BAY CENTER DRIVE SUITE 211			82	Street Add	dress (P.O. Box Number is Not Accepta	ble)			
	MPA FL 33609			83	-				
In	MLY LE 20009						lad :	7:n CI-	
				84	1 7	rporation submits this statement for the ation's board of directors. I hereby acceptation	FLIT	Zip Code	
SIGNATURE	Signature, typod or printed name of regisser OFFICERS	ed agent and life if applicab AND DIRECTORS	DELETE	13.	gent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECT		
TITLE NAME	PTD CHEN, MAC CHIN-HUEI		☐ DEFEIE	1,1 TITLE 1,2 NAME			() Cilan	Be TT Variable	
STREET ADDRESS	THE PARTY OF STREET STREET	STE 211			T ADDRESS				
C/TY-ST-ZIP	TAMPA FL			1.4 CITY-	ST-ZIP				
TITLE	VSD		☐ DELETE	2.1 TITLE			Chan	ge 🔲 Addition	
NAME	CASEY, JAY	OTE 011		2.2 NAME	ì				
STREET ADDRESS	TAME PI			2.3 STREI 2.4 CITY	T ADDRESS				
CITY-ST-7IP TITLE	1/MIII /> I L		DELETE	3.1 TITLE	-01" LIF		☐ Char	ige Addition	
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STREET ADDRESS	\$ .			3 3 STREE	T ADDRESS				
CITY - ST - ZIP			DELETE	3.4. CITY			I Chas	no I Addition	
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CITY-ST-ZIP				4.4 CITY					
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NAME	Ì			5.2 NAME	1				
STREET ADDRESS	5				T ADDRESS				
CITY-ST-ZIP			DELETE	5.4 CITY-			☐ Chan	nge 🔲 Addition	
TITLE NAME			LI DILLI	6.1 TIFLE 6.2 NAMI	Y		, U Orlan	go ∟ Mponion	
STREET ADDRESS	, <u> </u>				T ADDRESS				
CITY OF THE	1				ST. 7IP				

14. I do 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.

SIGNATURE

SIGNATURE MID TYPED OR PRINTED NAME OF BIOUING OFFICER OR DIRECTOR

130/47 513-388-8553

**FILED** 

Feb 05 1997 8:00am

Secretary of State