


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 12, 1999 8:00 am
Secretary of State

08-12-1999 90008 005 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K54946

1. Corporation Name
~~TREASURE COAST CONVERTERS, INC.~~
PALM CITY TRANSMISSION, INC.

Principal Place of Business % PETER T. GIANINO 217 EAST OCEAN BLVD. PO DRAWER 2846 STUART FL 34995	Mailing Address % PETER T. GIANINO 217 EAST OCEAN BLVD. PO DRAWER 2846 STUART FL 34995
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26		12/30/1988		65-0096154		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required			
22		27		<input type="checkbox"/>					
City & State		City & State		6. Election Campaign Financing		5.00 May Be Added to Fees			
23		28		Trust Fund Contribution		<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation owes the current year		Intangible Personal Property.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29							

9. Name and Address of Current Registered Agent

GIANINO, PETER T.
217 EAST OCEAN BLVD
POST OFFICE DRAWER 2846
STUART FL 34995

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	RIEGELSBERGER, JOHN S.	
STREET ADDRESS	3371 S.W. 42ND AVE.	
CITY-ST-ZIP	PALM CITY FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KULLA, LINDA	
STREET ADDRESS	3395 SW 42ND AVE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, MICHAEL	
STREET ADDRESS	3395 42ND AVE.	
CITY-ST-ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PETER T. GIANINO, ESQ
2.3 STREET ADDRESS	3395 SW 42nd. AVE
2.4 CITY-ST-ZIP	PALM CITY FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PETER T. GIANINO, ESQ
3.3 STREET ADDRESS	3395 SW 42ND AVE
3.4 CITY-ST-ZIP	PALM CITY FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (5/99)