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).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 22, 1999 8:00 am Secretary of State

07-22-1999 90003 035 ***150.00

DOCUMENT # K83761

TRANSMARKETS, INC.

Principal Place of Business Mailing Address						1 14014111 001 10104 11111 16010 41111 110	8(8() BIEN WING BIRN GIRN GIRN GIRN (88)	
613 TRIUMPH C	т	613 TRIUMPH CT	613 TRIUMPH CT					
#10		#10						
ORLANDO FL 32805		ORLANDO FL 32805				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 04/27/1989		
		On Martin Addison				4. FEI Number	Applied For	
2. Principal Place of Business		2a. Mailing Address	<u> </u>			59-2945441	Applied For Not Applicable	
21		26	Suite, Apt. #, etc.				<u> </u>	
Suite, Apt. #, etc.		27 Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State				6. Election Campaign Financing	\$5.00 мау Ве	
23						Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Zip Cour			8. This corporation owes the current year		
24	25	29	30			Intangible Personal Property.	Yes C No	
	9. Name and Address of Curren	t Registered Agent		81		10. Name and Address of New Regi	stered Agent	
ATERIAL MITCHE					Name			
	'HAN, ANTOINE I POINTVIEW CIRCLE		82		Street Addre	Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32836								
				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) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.		D DIRECTORS	13.		 -	ADDITIONS/CHANGES TO OFFICE		
TITLE	P ANTOINE	DELETE 1.1 TIT					Change Addition	
NAME				.2 NAME				
STREET ADDRESS	7538 POINTVIEW CIRCLE			REET	ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32836			1.4 CITY-ST-ZIP				
TITLE	V	DELETE		2.1 TITLE			Change Addition	
NAME	STEPHAN, JOSEPH I		2.2 N]	
STREET ADDRESS	5923 PITCH PINE DR		2.3 \$7		ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32819		2.4 CI		ZIP			
TITLE		DELETE	. 3.1 TI	3.1 TITLE 3.2 NAME			Change Addition	
NAME			3.2 NA				\ \	
STREET ADDRESS			3.3 STREET ADD		ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZI		ZIP			
TITLE	DELETE 4.1		4.1 TO	TLE			Change Addition	
NAME			4.2 NA	ME				
STREET ADDRESS			4.3 STREE		ADDRESS		}	
CITY-ST-ZIP	4.4 CI		TY-ST-	ZIP		<u> </u>		
TITLE		DELETE	5.1 TI	ΓLE			Change Addition	
NAME	5.21		5.2 NA	ME	!			
STREET ADDRESS			5.3 ST	REET	ADDRESS			
CITY-ST-ZIP			5.4 CI	TY-ST-	ZIP			
TITLE		DELETE	6.1 TI	ΓLE		•	Change Addition	
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET	ADDRESS		}	
CITY-ST-ZIP		6.4 CI	TY-ST-	ZIP				
						440 07(0)(I) E) (4- 04-4 4-1 47 (I		

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 office 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 attachgient with an address.

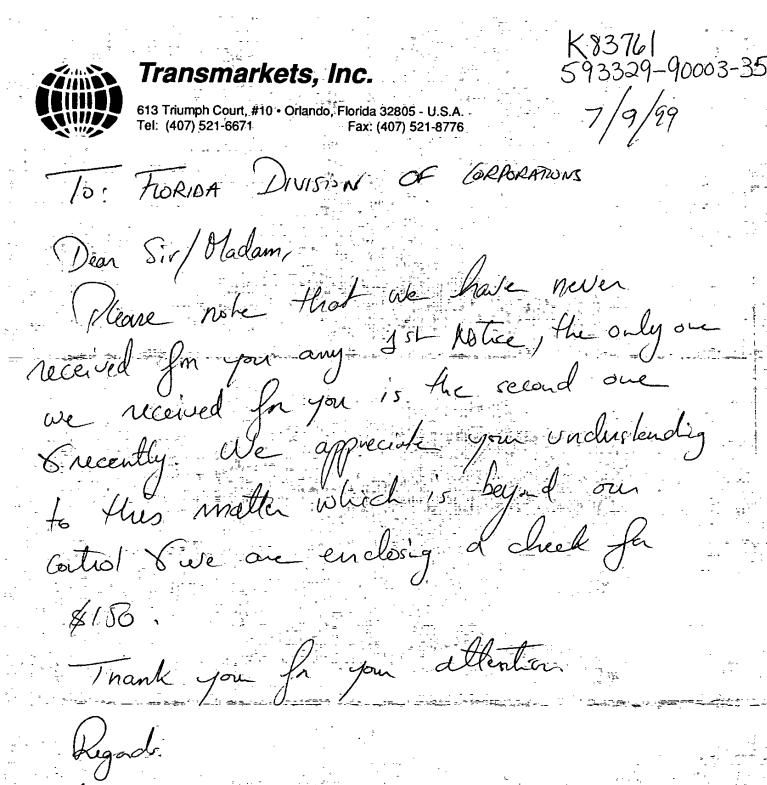
SIGNATURE:

DESTUDISTS

407-5216671

CR2E034 (5/99)

=:#:



Arborne Styphan Presidenti