

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000034865 (2)**

1. Corporation Name  
**TRANSPREMIER CORPORATION**



Principal Place of Business Mailing Address  
**20379 W COUNTRY CLUB PH 34 VENTURA FL 33180** **20379 W COUNTRY CLUB PH 34 VENTURA FL 33180**

3. Date Incorporated or Qualified **05/04/1995** 3a. Date of Last Report  
 4. FEI Number  Applied For  Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc 26 **3789 NE 167 ST.**  
 22 City & State 27 **NORTH MIAMI BEACH, FL**  
 23 Zip 28 **33160** Country 30 **USA**

9. Name and Address of Current Registered Agent

**FLORIDA INFORMATION ASSOCIATES, INC.**  
**2007 W INDIANHEAD DR**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name **ROBERT J. BIGGE**  
 82 Street Address (P.O. Box Number is Not Acceptable) **3789 NE 167 ST.**  
 83 City **NORTH MIAMI BEACH FL** 85 Zip Code **33160**

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 of person(s) authorized to file and appoint the filer (NOTE: Registered Agent signature required when registering)

*[Signature]* **ROBERT J. BIGGE**

DATE **7-1-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WEINER, SEYMOUR</b>	
STREET ADDRESS	<b>20379 W COUNTRY CLUB DR PH 34</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>SNYDER, ROB</b>	
STREET ADDRESS	<b>20161 NE 18TH PL</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33179</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KAUFMAN, FLORENCE</b>	
STREET ADDRESS	<b>20379 W COUNTRY CLUB DR PH 34</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	
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

11 TITLE	<b>PRESIDENT DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>ROBERT J. BIGGE</b>	
13 STREET ADDRESS	<b>3789 NE 167 ST.</b>	
14 CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33160</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **ROBERT SNYDER** **6-28-96** **(954) 966-1363**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)