

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

FILED

Apr 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **259683** (1)  
1. Corporation Name:  
**TRANSMISSION KING INC**



Principal Place of Business <b>2501 W. BROWARD BLVD FT. LAUDERDALE FL 33312</b>	Mailing Address <b>2501 W. BROWARD BLVD FT. LAUDERDALE FL 33312-1307</b>
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3. Date Incorporated or Qualified <b>06/05/1962</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21	2a. Mailing Address 26 <b>770 N. STATE RD, 7</b>	4. FEI Number <b>59-0868456</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 City & State	28 <b>PLANTATION FLA 33317</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>RICE, KEVIN 2501 W BROWARD BLVD FORT LAUDERDALE FL 33312</b>		10. Name and Address of New Registered Agent	
81 Name	<b>CAROLE COLARUSSO</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>770 N. STATE RD, 7</b>		
83	<b>PLANTATION FLA, 33317</b>		
84 City	<b>PLANTATION</b>	85 Zip Code	<b>FL 33317</b>

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: *Carole Colarusso* PRES DATE: **3/29/97**  
Signature of the person who appoints or reappoints the agent, or the person who is appointed or reappointed as agent, must be filed if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICE, KEVIN</b>	1.2 NAME	<b>COLARUSSO CAROLE</b>
STREET ADDRESS	<b>14711 MADINSON PL.</b>	1.3 STREET ADDRESS	<b>770 N. STATE RD, 7</b>
CITY - ST - ZIP	<b>DAVIE FL</b>	1.4 CITY - ST - ZIP	<b>PLANTATION FLA. 33317</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLARUSSO, CAROLE</b>	2.2 NAME	
STREET ADDRESS	<b>770 N STATE ROAD 7</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PLANTATION FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICE, LISA</b>	3.2 NAME	
STREET ADDRESS	<b>14711 MADINSON PL.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DAVIE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Carole Colarusso* CAROLE COLARUSSO DATE: **3/29/97** 954-581-8000  
Signature and typed or printed name of signing officer or director Daytime Phone # 0271084

CR2E034 (9/96)