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

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT, OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

259683 ₩

TRANSMISSION KING INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

22

Mailing Address

2a. Mailing Address

27

Suite, Apt. #, etc.

12031 N.W.27ST.

2501 W.BROWARD BLVD.

FT.LAUDERDALE FLA. 33312

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90070 044 ***150.00

DO NOT WRITE IN THIS SPACE

 \Box

<u>04/14/1 9 98</u>

Daytime Phone #

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed

59-0968456

5. Certificate of Status Desired

City & State			City & State			6. Election Campaign Financing \$5.00 May Be		
23		28 P	PLANTATION FLA. 33323			Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip		Country		8. This corporation owes the current year	r Intangible	
24	25	29	3	0		Personal Property Tax.	□ Yes	₩ No
9. Name and Address of Current Registered Agent						10. Name and Address of New Register	ed Agent	
-				81	Name			
CAROLE COLARUSSO 12031 N.W.27 ST PLANTATION FLA.33323					O A.I.	(O.O. Day Niyashay is Not Aspentable)		
				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
				83				
				84	City		85 Zip (Code
11. Pursuant	t to the provisions of Sections 607	,0502 and 607.150 tate of Florida, Suc	18, Florida Statutes	, the above	e-named corpo the corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	e or changing its	registerea aistered
agent. I a	am familiar with, and accept the of	oligations of, Section	on 607.0505, Florid	la Statutes		,		J
SIGNATURE	:							
SIGNATORE	Signature, typed or printed name of registered	d agent and title if applical	ble. (NOTE: R	egistered Ager	t signature required			
12.	OFFICERS	AND DIRECTOR	S	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	COLADUCCO CAR	OT E	□ DELETE	1.1 TITLE	,		☐ Change	Addition
NAME I	12031 N.W.27 ST.			1,2 NAME	1			
STREET ADDRESS				1,3 STREET	ADDRESS			
CITY-ST-ZIP	PLANTATION FL.	A.33323		14 CITY-S	r-zip			
TITLE			☐ DELETE	2.1 TITLE			Change	☐ Additio
NAME ~	P.RICE LISA			2.2 NAME	ł			
				2.3 STREET	ADDRESS			
STREET ADDRESS	DAVIE FLA.			-				
CITY-ST-ZIP	DAVIE FLA.	3333	☐ DELETE	2.4 CITY-S 3.1 TITLE	1-219		☐ Change	Additio
TITLE	SEC.COLARUSSO	"AP∩T.F	" DETCIE"	10				
NAME	T2031 N.W.27 ST			3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP -				3.4. CITY-S	T-ZIP			
TITLE			☐ DELETE	4,1 TITLE	Ì		Change	☐ Addition
NAME				4. 2 NAME				
STREET ADDRESS	3			4.3 STREET	ADDRESS			
CITY-ST-ZIP				4,4 CITY-S	r-ZIP			
TITLE			☐ DELETE	51 TITLE			☐ Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
				5.4 CITY-S				
CITY-ST-ZIP	1		□ DELETE	61 TITLE			☐ Change	☐ Addition
NAME:				6.2 NAME				

63 STREET ADDRESS

COLARUSSO

64 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, with all other like empowered.