FILE NOW: FILING FEE AFTER MAY 1 IS \$550 DO

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT STATE

Sandra B. Mort

Secretary of Sta DIVISION OF CORPO IONS

1997

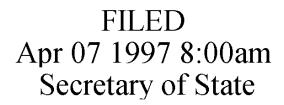
DOCUMENT # 301400

(8)

TRANSMISSION TECHNICAL INSTITUTE INC

Principal Place of Business

Mailing Address





453 E OKEECH HIALEAH FL 330		453 E OKEECHOBEE RD HIALEAH FL 33010-5350					
					3. Date Incorporated or Qualified 01/27/1966	3a. Date of Last F 05/09/1996	Report
2. Principa' Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	T TA	pplied For
21		26	26		59-1165299 Not Applicat		ot Applicable
Surte, Apt. #, etc.		Suite. Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	· ····		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zφ	Country	Ζιρ	Country	/	8. This corporation has liability for intangible tax under s 199.032.		
24	25 29 30			Florida Statutes 🔀 Yes 🗌 No			
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Reg	Istered Agent	
	on Jr,manuel		81	Name			l
	W 5TH LANE		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
HIALI	EAH FL 33010		83				··
			<u></u>				
			84	City		FL 85 Zip	Code
CUCNIATORS	in familiar with, and accept the ob				poration submits this statement for the p tion's board of directors. I hereby accep ired when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	RS IN 12
1016	PD	DELETE	1.1 TITLE	T		☐ Change	Add:tion
NAME	SAFON JR,MANUEL		1.2 NAME				
STREET ADORESS	453 E. OKEECHOBEE RD.		1.3 STREE	T ADDRESS			
CITY-\$1-20°	HIALEAH FL		1.4 City -	ST - ZIP			
1:11.5	D	DELETE	21 TITLE			Change	Addition
NAME	SAFON,MARY ELLEN		2.2 NAME				
-STHEEL ADDRESS	453 E. OKEECHOBEE RD.		23 STREE	T ADDRESS			
CITY+\$1+ZiP	HIALEAH FL		2. 4 CITY-	ST-ZIP			
TITLE		DELETE	3.1 TITLE			Change	Addition
NAM:			3.2 NAME	,			
STREET ADDRESS		•	3.3 STREE	ADDRESS			
City+S1-7IP			3.4. CITY-	ST-ZIP			
TITLE	,	DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADORESS			4 3 STREE	T ADDRESS			
0/14-21-74P			4.4 CITY -	ST-ZIP			
100.6		☐ DELETE	5.1 TITLE	1		L Change	Addition
NAME			5.2 NAME				
SIREET ADDRESS			5.3 STREE	T ADDRESS			
CHY-ST-ZIP			5.4 City-	ST - 21P			
H*(£		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
COTY ST ZIE			6.4 CiTY -	ST-ZIP			

14. If do he rehy certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 Brock 12 or Block 13 if changed, or on an attachment with an address.