

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 413366 (6)

1. Corporation Name

SOUTHERN TRANSMISSION, INC.



Principal Place of Business

1543 SW 40TH AVE  
FORT LAUDERDALE FL 33317-6405

Mailing Address

1543 SW 40TH AVE  
FORT LAUDERDALE FL 33317-6405

3. Date Incorporated or Qualified 11/22/1972  
3a. Date of Last Report 04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1428631

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEINBERG, ARVIN L.  
1995 E OAKLAND PARK BLVD  
SUITE 300  
FORT LAUDERDALE FL 33306

81 Name

SHAPPE, ALLEN

82 Street Address (P.O. Box Number is Not Acceptable)

17400 NE 12 CT

83

84 City

N. MIAMI BEACH

FL

85 Zip Code

33162

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

*Allen Shappe*  
Signature typed or printed name of registered agent and if applicable

(NOTE: Registered Agent signature required when reinstating)

4/22/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	MONSKY, LEROY	
STREET ADDRESS	11327 LAKEVIEW DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	FREEMAN, JAMES	
STREET ADDRESS	11440 NW 18TH MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHAPPE, ALLEN	
STREET ADDRESS	17400 NE 12 CT	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
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

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FREEMAN, JAMES	
1.3 STREET ADDRESS	11440 NW 18TH MANOR	
1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 954-791-6050

Date

Daytime Phone #

CR2E034 (12/95)