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

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # 516016   (3)

1. Corporation Name
TRAMMO NAVIGATION, INC.

Principal Place of Business
3109 W ML KING BLVD
TAMPA FL 33607
US

Mailing Address
3109 W ML KING BLVD
TAMPA FL 33607
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**2a.** Mailing Address	**3.** Date Incorporated or Qualified **10/07/1976**
21 400 No. Ashley Drive	26 400 No. Ashley Drive	**4.** FEI Number **59-1706086** / Applied For / Not Applicable
Suite, Apt. #, etc. 22 Suite 1900	Suite, Apt. #, etc. 27 Suite 1900	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 Tampa, Florida	City & State 28 Tampa, Florida	**6.** Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 33602-4326 25 Country USA	Zip 29 33602-4326 30 Country USA	**8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL 85 Zip Code

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 duties of registered agent under 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS / DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **S** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **LOWENFELS, FRED M**	1.2 NAME	
STREET ADDRESS **350 PARK AVE.**	1.3 STREET ADDRESS	
CITY-ST-ZIP **NEW YORK, NY 0**	1.4 CITY-ST-ZIP	
TITLE **V** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **BERMAN, H. L**	2.2 NAME	
STREET ADDRESS **350 PARK AVENUE**	2.3 STREET ADDRESS	
CITY-ST-ZIP **NEW YORK NY**	2.4 CITY-ST-ZIP	
TITLE **T** ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME **BENFIELD, JAMES H**	3.2 NAME	
STREET ADDRESS **350 PARK AVE.**	3.3 STREET ADDRESS	
CITY-ST-ZIP **NEW YORK NY**	3.4 CITY-ST-ZIP	
TITLE **CD** ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME **STANTON, RONALD P**	4.2 NAME	
STREET ADDRESS **350 PARK AVE.**	4.3 STREET ADDRESS	
CITY-ST-ZIP **NEW YORK NY**	4.4 CITY-ST-ZIP	
TITLE ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

SIGNATURE: _____ Sec   3/31/98   (212) 223-3200