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PROFIT . CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 516016 1. Corporation Name

TRAMMO NAVIGATION, INC.

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90045 020 ***150.00



Principal Place	e of Business	Mailing Address						1011 01813 1881	
400 N ASHLEY	DR	400 N ASHLEY DR			-				
SUITE 1900	20	SUITE 1900			1	DO NOT WRITE IN TH	IIS SDACE		
Tampa Fl 3360 US	J2	TAMPA FL 33602 US			2 [Date Incorporated or Qualifed	IIS SPACE		
03		00			1	10/07/1976			
2 Principal P	lace of Business	2a. Mailing Address				El Number	Apı	plied For	7
21		26			5	59-1706086	Not	t Applicable	2,44
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			- 0	Certificate of Status Desired	\$8.75 A		
22		27			3.		Fee Re	`	
City & State	е	City & State				lection Campaign Financing		May Be	-
23		28		-t	 	Frust Fund Contribution	Added to	o Fees	
. Zip	Country	Zip	Cou	ntry	-	This corporation owes the current year		□No	
24	9 Name and Address of Currer		30			Personal Property Tax. Name and Address of New Registers			
	g, Name and Address of Curren	nt Kegistered Agent		81 Name	10	Tanno and records			
THE	PRENTICE-HALL CORPORATION	n system inc.			- 15.6				ļ
1201	I HAYS STREET			82 Street Addr	ress (P.C	D. Box Number is Not Acceptable)		r regit again	
SUIT	E 105			83			"快点"的	8 5 5 1 1 1 2 1	
TALL	LAHASSEE FL 32301			24 67		1. 人,大学的人教授教育的教育的		is (\$48) isti Odo	
				84 City		F	L 85 Zip C	Joue	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	ithorizec	by the corporation	poration s ion's boa	submits this statement for the purpose and of directors. I hereby accept the app	of changing its pointment as rec	registered gistered	
SIGNATURE								٠	
				1.000		A 417			
	Signature, typed or printed name of registered age			Agent signature require			AND DIRECTO	DC IN'12	á
12.	OFFICERS AN	ND DIRECTORS	13.			DDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	11/08/
12.	OFFICERS AT		13. 1,1 TI	LE					(11/08)
12. TITLE NAME	OFFICERS AND S LOWENFELS, FRED M	ND DIRECTORS	13. 1,1 TF 1,2 N/	LE ME		DDITIONS/CHANGES TO OFFICERS			11/98/
12. TITLE NAME STREET ADDRESS	OFFICERS AND S LOWENFELS, FRED M 350 PARK AVE.	ND DIRECTORS	13. 1.1 TF 1.2 N/ 1.3 ST	LE ME REET ADDRESS		DDITIONS/CHANGES TO OFFICERS			P2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND S LOWENFELS, FRED M	ND DIRECTORS	13. 1.1 TF 1.2 N/ 1.3 ST	LE ME REET ADDRESS IY-ST-ZIP		DDITIONS/CHANGES TO OFFICERS			CD2E034 (11/98)
12. TITLE NAME STREET ADDRESS	OFFICERS AND S LOWENFELS, FRED M 350 PARK AVE. NEW YORK, NY 0	ND DIRECTORS DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CT	LE ME REET ADDRESS IY-ST-ZIP		DDITIONS/CHANGES TO OFFICERS	Change	Addition	CB2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S LOWENFELS, FRED M 350 PARK AVE. NEW YORK, NY 0	ND DIRECTORS DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/	LE ME REET ADDRESS IY-ST-ZIP		DDITIONS/CHANGES TO OFFICERS	Change	Addition	CD2E024 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S LOWENFELS, FRED M 350 PARK AVE. NEW YORK, NY 0 V BERMAN, H. L	ND DIRECTORS DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST	LE ME REET ADDRESS IV- ST- ZIP LE ME		DDITIONS/CHANGES TO OFFICERS	Change	Addition	CE2E034 (11/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	S LOWENFELS, FRED M 350 PARK AVE. NEW YORK, NY 0 V BERMAN, H. L 350 PARK AVENUE	ND DIRECTORS DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST	LE ME REET ADDRESS IV-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP		DDITIONS/CHANGES TO OFFICERS	Change	Addition	CB0E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOWENFELS, FRED M 350 PARK AVE. NEW YORK, NY 0 V BERMAN, H. L 350 PARK AVENUE NEW YORK NY	ND DIRECTORS DELETE DELETE	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 C	LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE		DDITIONS/CHANGES TO OFFICERS	☐ Change	Addition	CD2E034 (11/98)
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S LOWENFELS, FRED M 350 PARK AVE. NEW YORK, NY 0 V BERMAN, H. L 350 PARK AVENUE NEW YORK NY T BENFIELD, JAMES H 350 PARK AVE. NEW YORK NY CD STANTON, RONALD P 350 PARK AVE. NEW YORK NY	DELETE DELETE DELETE DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 TT 4.2 N/ 4.3 ST 4.4 CI 5.1 TT 5.2 N/ 5.3 ST	LE ME REET ADDRESS IY- ST- ZIP LE ME REET ADDRESS IY- ST- ZIP LE ME REET ADDRESS IY- ST- ZIP LE AME REET ADDRESS IY- ST- ZIP LE AME REET ADDRESS IY- ST- ZIP LE ME REET ADDRESS IY- ST- ZIP LE ME REET ADDRESS		DDITIONS/CHANGES TO OFFICERS	Change Change	Addition Addition Addition Addition	CDDE034 (14/08)
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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 two 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.

SIGNATURE: