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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

FILED Jan 29 1998 8:00am Secretary of State

TRANS	MISSION TECHNOLOGY, INC) .	` '							
Principal Plac	e of Business	Mailing Add	ress				I I M # BY ORION WINSON COSTS WENT OF SEST	02011 05011 65051 01015 H	itant bidit leat	
1429 WEST BRANDON BOULEVARD BRANDON FL 33511 1429 WEST BRANDON BOULEVARD BRANDON FL 33511						DO NOT WRITE	IN THIS SPACE			
							3. Date incorporated or Qualified			
							02/13/1978		I	
2. Principal P	face of Business	2a. Mailing Address					4. FEI Number		Applied For	
1		26					59-1799140		Not Applicable	
Suite, Apt.	#, etc.	Suite, Ap	t. #, etc	_		-	5. Certificate of Status Desired		5 Additional Required	
City & State	9	City & St	ate				Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip	Country	Zip		Cou	ntry		8. This corporation owes or has pai			
24	25	29		30	y		Personal Property Tax due June	30. 🗌 Yes	□ No	
	9. Name and Address of Current	Registered Age	nt				10. Name and Address of New Reg	istered Agent		
	SCHOS, STEFANOS				81	Name				
	29 WEST BRANDON BOULEVARD ANDON FL 33511					Street Add	Address (P.O. Box Number is Not Acceptable)			
510	415011 1 E 00011				83					
					84	City		FL 85 Zi	ip Code	
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	and 607,1508, F of Florida. Such of ions of, Section (iorida Statut hange was a 507.0505, Flo	es, the ab authorized orida Stati	oove d by utes	-named cor the corpora	rporation submits this statement for the pration's board of directors. I hereby accep	irpose of changing the appointment	its registered as registered	
SIGNATOTIE	Signature, typed or printed name of registered agent		(NOT	E. Registered	Ager	nt signature requ	uired when reinstating)	DATE	<u> </u>	
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	DST OELETE			1.1 TITLE				L Chang	je ∐ Addition	
NAME	MOSCHOS, BETTY			1.2 NAME						
STREET ADDRESS				1.3 STREET ADDRESS		ADDRESS				
CITY - ST - ZIP	BRANDON, FL 00000	· · · · · · · · · · · · · · · · · · ·		1.4 CITY-		- ZIP				
TITLE	PD		DELETE	2.1 TITLE				Chang	e 🔲 Addition	
NAME	1110001100, 0121711100		2.2 NA	ME]					
STREET ADDRESS				2.3 STREET ADDRESS		ADDRESS			l	
CITY-ST-ZIP	BRANDON, FL 00000		2. 4 CI		T-ZIP	<u> </u>	E Louis	. Dadwa		
TITLE	VP	L	DELETE	3.1 TiT				Chang	e L Addition	
NAME	MOSCHOS, STAMATIOS			3.2 NA						
STREET ADDRESS	1429 W BRANDON BLVD.					ADDRESS				
CITY - ST - ZIP	BRANDON FL	···	I DELETT	3.4. CI		T-ZIP		☐ Chang	n Addition	
TITLE		L	DELETE	4.1 TIT		•		LL Chang	e LL Addition	
NAME				4, 2 N/					ļ	
STREET ADDRESS						ADDRESS				
CITY - ST - ZIP			Theiere	4.4 CI		r-ZIP		Change	e 🔲 Addition	
TITLE		L] DELETE	5.1 TIT			•	∟ chang	- LI MUUILION	
NAME				5 2 NA			₽ · · ·			
STREET ADDRESS						ADDRESS			ļ	
CITY-ST-ZIP		 	1 Delete	5.4 CII		-ZIP		1 Ob	e Addition	
TITLE		L.	DELETE	6,1 TIT	LE			Chang	S MOUROU	

for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information courate and that my signature shall have the same legal effect as if made under oath; that I am an a execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the Information supplied with this filling does not qualify indicated on this annual report or supplemental annual report is true and at officer or director of the corporation or the receiver of the stee empowered to Block 12 or Block 13 if changed, or on an attachment of an address.

6.3 STREET ADDRESS

STREET ADORESS