5.8-41 B- 6717 -NC FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION - ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

1. Corporation Name TRANS-AMERICAN INVESTMENT CORPORATION Principal Place of Business POST OFFICE BOX 821613 SOUTH FLORIDA FL 33082 Mailing Address POST OFFICE BOX 821613 SOUTH FLORIDA FL 33082				613		
				3. Date Incorporated or Qualified		
2. Principal P	face of Business	2a. Mailing Address		04/05/1979 4. FEI Number	04/25/19	Applied For
21		26		59-1945786		Not Applicable
Suite, Apt. #, etc 22		Suite, Apt. #, etc.	Suite, Apt. #, etc.]	.75 Additional ee Required
City & Stat	[e	City & State		6. Election Campaign Financing	\$!	5.00 May Be
23	Country	28	Country	Trust Fund Contribution		dded to Fees
2(p)	[25]	29	30	This corporation has liability to Florida Statutes	r intangible tax ur	ider s. 199.032,
	9. Name and Address of Curr			10. Name and Address of New F		
PRI	CE, GERALD		81 Name			
1505 LA COSTA DR., WEST			82 Street A	ddress (P.O. Box Number is Not Accept	able)	
PEA	IBROKE PINES FL 33027		83			
			84 City	·	85	Zip Code
Ì					PL I I	i ' 1
agent La SIGNATURE 12.	Styretine type dee ported name of registrated		Iterida Statutes. Ite Registered Agent agnature re	orporation submits this statement for the oration's board of directors. I hereby acc squired when reinstating) ADDITIONS/CHANGES TO OFF	DATE	
Title	PD	DELETE	1.1 TITLE	7,00111011070111110001101011	C	
) NAME	PRICE, GERALD		1.2 NAME			
STREET ADDRESS	1505 LACOSTA DR. WEST		1.3 STREET ADDRESS			†
CHY-SI-ZP	PEMBROKE PINES FL 33027	<u> </u>	1.4 CITY-ST-ZIP			
TOTALE		☐ DELETE	2.1 TITLE			hange 🔲 Addition
NAME	Ì		2.2 NAME)
STREET ADDRESS			2.3 STREET ADDRESS			Ì
CITY-ST-ZP		[] DELETE	2.4 CITY-ST-ZIP			hange Addition
TITLE	\		3.1 TITLE 3.2 NAME			Bulge C Youthu
NAVE STREET ADDRESS			3.3 STREET ADDRESS		10	}
CITY-ST-ZiP	Ì		34. CITY-ST-ZIP	•		
THE		DELETE	4.1 TITLE		□ Ci	hange Addition
NAME.	\[\]		4. 2 NAME	•		
STREET ADDRESS	}		4.3 STREET ADDRESS			•
CITY ST-7P			44 CITY-ST-ZIP			
THLE		☐ DELETE	5.1 TITLE			hange
NAME			5.2 NAME			
STREET ADDRESS			5.3 SYREET ADDRESS			
CHY-ST-ZiP		T britte	5.4 CITY-ST-ZIP		1 10	hanna Additio
TITLE	}	DELETE	6.1 TITLE		∐ CI	hange L. Addition (
NAME OTOGE LABORESCE			6.2 NAME			
STREET ADDRESS	1		6.3 STREET ADDRESS			

14. I do hereby certily 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.

0160758

FILED

May 08 1997 8:00am

Secretary of State