

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT



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

1996-7-17-96 B-7331-C

DOCUMENT # F94000002261 (5)

1. Corporation Name

TRANSGLOBAL SYSTEMS, INC.

Principal Place of Business

Mailing Address

515 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

515 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 Suite 850

26 Suite, Apt. #, etc.
27 Suite 850

City & State

City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

NACKSON, ALYSE J
515 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

3. Date Incorporated or Qualified

05/03/1994

3a. Date of Last Report

05/11/1995

4. FEI Number

65-0471749

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and then signable

(Note: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SOINSKI, E. DREW
STREET ADDRESS 515 E. LAS OLAS BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE STD
NAME NACKSON, ALYSE J
STREET ADDRESS 515 E. LAS OLAS BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE D
NAME NOBLETT, PAUL
STREET ADDRESS 515 E. LAS OLAS BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE CD
32 NAME Park, Larence
33 STREET ADDRESS 515 E. Las Olas Blvd.
34 CITY-ST-ZIP Ft. Lauderdale FL 33301

41 TITLE D
42 NAME Cox, Tenche
43 STREET ADDRESS 515 E. Las Olas Blvd.
44 CITY-ST-ZIP Ft. Lauderdale FL 33301

51 TITLE D
52 NAME Whitley, Wallace
53 STREET ADDRESS 515 E. Las Olas Blvd.
54 CITY-ST-ZIP Ft. Lauderdale FL 33301

61 TITLE D
62 NAME Roberson, Richard
63 STREET ADDRESS 515 E. Las Olas Blvd.
64 CITY-ST-ZIP Ft. Lauderdale FL 33301

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alyse J. Nackson

Alyse Nackson

7/11/96

(954)-761-3455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (3/96)