FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F95000004824 (7)**

1. Corporation Name
TRANS-OCEANIC INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
~~355 WOOD CREEK RD #410~~ ~~WHEELING IL 60090~~ Schaumburg, IL 60173 and Deerfield Beach, Fla 33442	~~355 WOOD CREEK RD #410~~ ~~WHEELING IL 60090-0723~~ 1300 E Algonquin I-N Schaumburg, IL 60173

3. Date Incorporated or Qualified: 10/05/1995
3a. Date of Last Report: 10/17/1996
4. FEI Number: 36-3934251 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 ~~355 Wood Creek Rd~~	26 ~~355 Wood Creek Rd~~
22 Suite, Apt. #, etc. ~~#410~~ (see above)	27 Suite, Apt. #, etc. ~~#410~~ (see above)
23 City & State ~~Wheeling IL~~	28 City & State ~~Wheeling IL~~
24 Zip ~~60090~~ 25 Country USA	29 Zip ~~60090~~ 30 Country USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SILK, PEGGY ANN ~~8041 NW 71ST CT~~ ~~TAMARAC FL 33321~~ ~~355 Wood Creek Rd~~ ~~Wheeling, IL 60090~~ 73 VENTNOR D DEERFIELD BEACH, FLA 33442	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☒ DELETE	1.1 TITLE	President ☒ Change ☐ Addition
NAME	SILK, PEGGY		1.2 NAME	Silk, Peggy
STREET ADDRESS	355 WOOD CREEK RD #410		1.3 STREET ADDRESS	1300 E. Algonquin I-N
CITY-ST-ZIP	WHEELING IL 60090		1.4 CITY-ST-ZIP	Schaumburg, IL 60173
TITLE	ST	☒ DELETE	2.1 TITLE	Sec-Treas. ☒ Change ☐ Addition
NAME	SILK, DAVID		2.2 NAME	Silk David
STREET ADDRESS	355 WOOD CREEK RD #410		2.3 STREET ADDRESS	1300 E Algonquin I-N
CITY-ST-ZIP	WHEELING IL 60090		2.4 CITY-ST-ZIP	Schaumburg, IL 60173
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			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	

5/20/97

Bk dep $165.--

14. I do 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: _____

CR2E034 (9/96)