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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000005362**

1. Corporation Name
TRANCORP, INC.

Principal Place of Business

Mailing Address

**10850 RICHMOND AVE.
SUITE 220
HOUSTON TX 77042
US**

**10850 RICHMOND AVE.
SUITE 220
HOUSTON TX 77042
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 title if applicable

(NOTE: Registered Agent signature is required when changing)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|------------|
| TITLE | DCEO | [] DELETE |
| NAME | MCCAIN, JAMES F SR. | |
| STREET ADDRESS | 10850 RICHMOND AVE., STE. 370 | |
| CITY-STATE-ZIP | HOUSTON TX 77042 | |
| TITLE | P | [] DELETE |
| NAME | MCCAIN, RODNEY | |
| STREET ADDRESS | 10850 RICHMOND AVE., STE. 370 | |
| CITY-STATE-ZIP | HOUSTON TX 77042 | |
| TITLE | ST | [X] DELETE |
| NAME | WEHLAGE, THOMAS | |
| STREET ADDRESS | 10850 RICHMOND AVE., STE. 370 | |
| CITY-STATE-ZIP | HOUSTON TX 77042 | |
| TITLE | | [] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | [] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13.

| | |
|-------------------|--|
| 11 TITLE | |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-STATE-ZIP | |
| 21 TITLE | |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-STATE-ZIP | |
| 31 TITLE | |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-STATE-ZIP | |
| 41 TITLE | |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-STATE-ZIP | |
| 51 TITLE | |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-STATE-ZIP | |
| 61 TITLE | |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-STATE-ZIP | |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CHANGE STE TO 220

CHANGE STE TO 220

SECRETARY
JULIE BRIMMER
10850 RICHMOND AVE. #220
HOUSTON, TX 77042

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****150.00 ****150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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, with all other like empowered

SIGNATURE: *Julie Brimmer, Julie Brimmer*

1-20-99 713-706-3239 x101

CR2E034 (11/98)