## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Apr 21, 1999 8:00 am Secretary of State Katherine Harris 04-21-1999 90208 009 \*\*\*150.00

1. Corporation	MENT # <b>J16677</b> SON TRANSMISSION, INC.						
Principal Place	e of Business	Mailing Address				ISIA BIBIL BIBIL I	
8009 N. ARMEN		8009 N. ARMENIA AVENUE					
TAMPA FL 3360		TAMPA FL 33604				22125	
	** .				DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE	
			* =		05/27/1986	· ·	-
Principal Place of Business     2a. Mailing Address				4. FEI Number	<b>⊢</b>	plied For	
21 26				59-2714731		t Applicable	
Suite, Apt. #, etc.					5. Certifcate of Status Desired	<b>\$8.75</b> / Fee Re	
City & Cont		City & State			- Fleetier Compoign Financing		<u> </u>
				6. Election Campaign Financing S5.00 May Branch Trust Fund Contribution Added to Fees			
Zîp	Country	28     Zip	Count	try	This corporation owes the current year Int		
24	25	<u> </u>	30	-	Personal Property Tax.	Yes	□No
	9. Name and Address of Currer				10. Name and Address of New Registered	Agent	
			. 8	Name			
	NSTEIN, NEAL		ļ.	32 Street A	Address (P.O. Box Number is Not Acceptable)		
601 EAST TWIGGS STREET							
IAM	PA FL 33602		8	33			
)			8	34 City		85 Zip	Code
				1	FL	.	!-44
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	itnorizea t	by the corpo	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appoi	ntment as re	gistered
_	Triallilla with and doopt the oblige						
SIGNATURE	Signature, typed or printed name of registered age						
<b>1</b>	orginataro, typea or printed transit of registrost orge	nt and title if applicable. (NOTE:	Registered A	gent signature re	quired when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN		
12.	OFFICERS AN		13.	E		D DIRECTO	DRS IN 12
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14. I 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, owon an attachment with an address, with all other like empowered.

SIGNATURE: \