SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:24

DOCUMENT # **J21247** **(8)**

1. Corporation Name
TRANSMISSION LAND, INC.

Principal Place of Business	Mailing Address
% DONNA L. KOPPEL 2509 NORTH OCEAN BLVD. POMPANO BEACH FL 33062	% DONNA L. KOPPEL 2509 NORTH OCEAN BLVD. POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/24/1986
3a. Date of Last Report: 09/26/1994

2. Principal Place of Business	2a. Mailing Address
21 Greta M. Koppel % Edward P. Phillips, Esq. 22 1881 University Dr., #206 23 Coral Springs, FL	26 Greta M. Koppel % Edward P. Phillips, Esq. 27 1881 University Dr., #206 28 Coral Springs, FL
Zip: 24 33071 Country: 25 Broward	Zip: 29 33071 Country: 30 Broward

4. FEI Number: 59-2688946 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KOPPEL, DONNA L 2509 N. OCEAN BLVD POMPANO BEACH FL 33062	81 Name: KOPPEL, GRETA M. 82 Street Address (P.O. Box Number is Not Acceptable) 83 C/O EDWARD P. PHILLIPS, ESQ. 1881 UNIVERSITY DR., SUITE 206 84 City: Coral Springs, FL 85 Zip Code: 33071

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: Greta M. Koppel GRETA M. KOPPEL 7/31/95
Signature, typed or printed name of registered agent and date, as applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KOPPEL, HARRY A. 1933 COLONIAL DR. CORAL SPRINGS FL 33071	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DP KOPPEL, GRETA M. C/O EDWARD P. PHILLIPS, ESQ. 1881 UNIVERSITY DR., SUITE 206 CORAL SPRINGS, FL 33071	☒ Change ☐ Addition
		21 / 22 / 23 / 24		☐ Change ☐ Addition
		31 / 32 / 33 / 34		☐ Change ☐ Addition
		41 / 42 / 43 / 44		☐ Change ☐ Addition
		51 / 52 / 53 / 54		☐ Change ☐ Addition
		61 / 62 / 63 / 64		☐ Change ☐ Addition

CR2E034 (3/95)

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)(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: Greta M. Koppel GRETA M. KOPPEL PRESIDENT 7/31/95 305/346-0007
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0026556 CP