

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J21247 (8)

1. Corporation Name

TRANSMISSION LAND, INC.



Principal Place of Business

1881 UNIVERSITY DR
STE 206
CORAL SPRINGS FL 33071
US

Mailing Address

1881 UNIVERSITY DR
STE 206
CORAL SPRINGS FL 33071
US

3. Date Incorporated or Qualified

06/24/1986

3a. Date of Last Report

08/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2688946

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

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
1881 UNIVERSITY DR STE 206
C/O EDWARD P PHILLIPS ESQ
CORAL SPRINGS FL 33071

81 Name

KOPPEL, GRETA M.

82 Street Address (P.O. Box Number is Not Acceptable)

c/o EDWARD P. PHILLIPS, ESQ.

83

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

(Signature of person or persons authorized to change the corporation's registered office or registered agent)

(Signature of Registered Agent or person authorized to accept appointment)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	☒ DELETE
NAME	KOPPEL, HARRY A.	
STREET ADDRESS	14881 UNIVERSITY DR STE 206	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	DP	☒ Change ☐ Addition
2. NAME	KOPPEL, GRETA M.	
3. STREET ADDRESS	c/o EDWARD P. PHILLIPS, ESQ.	
4. CITY-ST-ZIP	1881 University Dr., Suite 206	
5. CITY-ST-ZIP	Coral Springs, FL 33071	☐ Change ☐ Addition
6. CITY-ST-ZIP		☐ Change ☐ Addition
7. CITY-ST-ZIP		☐ Change ☐ Addition
8. CITY-ST-ZIP		☐ Change ☐ Addition
9. CITY-ST-ZIP		☐ Change ☐ Addition
10. CITY-ST-ZIP		☐ Change ☐ Addition
11. CITY-ST-ZIP		☐ Change ☐ Addition
12. CITY-ST-ZIP		☐ Change ☐ Addition
13. CITY-ST-ZIP		☐ Change ☐ Addition
14. CITY-ST-ZIP		☐ Change ☐ Addition
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27. CITY-ST-ZIP		☐ Change ☐ Addition
28. CITY-ST-ZIP		☐ Change ☐ Addition
29. CITY-ST-ZIP		☐ Change ☐ Addition
30. CITY-ST-ZIP		☐ Change ☐ Addition

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, 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 43 if changed, or on an attachment with an address.

SIGNATURE: Edward P. Phillips, Esq. for
Greta M. Koppel, President 4/29/96 (954) 346-0007

CR2E034 (12/95)