

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J26612** (8)  
1. Corporation Name  
**TRANSMARK REAL ESTATE INCORPORATED**

Principal Place of Business <b>5427 COMMERCIAL WAY SPRING HILL FL 34806-1498 US</b>	Mailing Address <b>5333 COMMERCIAL WAY STE 104 SPRING HILL FL 34806-1498</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5421 Commercial Way</b>		2a. Mailing Address <b>5421 Commercial Way</b>		3. Date Incorporated or Qualified <b>07/25/1986</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2727407</b>	
22 City & State <b>Spring Hill FL.</b>		27 City & State <b>Spring Hill FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip <b>34606-1498</b>		28 Zip <b>34606-1498</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BYLSMA, WIM J. 5333 COMMERCIAL WAY STE 104 SPRING HILL FL 33526</b>				10. Name and Address of New Registered Agent	
81 Name <b>BYLSMA, LUCIE</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>5421 Commercial Way</b>	
83				84 City <b>Spring Hill</b> <b>FL</b> 85 <b>34606</b>	

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 *L. Bylsma Lucie Bylsma* **3-31-98**

Signature, typed & printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PST</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BYLSMA, WIM JAN</b>			1.2 NAME			
STREET ADDRESS	<b>P O BOX 5322 N/A</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SPRING HILL FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BYLSMA, WIM JAN</b>			2.2 NAME			
STREET ADDRESS	<b>P O BOX 5322 N/A</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SPRING HILL FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>P S T</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BYLSMA, LUCIE</b>			3.2 NAME			
STREET ADDRESS	<b>5421 Commercial Way</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SPRING HILL, FL. 34606</b>			3.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BYLSMA, LUCIE</b>			4.2 NAME			
STREET ADDRESS	<b>5421 Commercial Way</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>Spring Hill, FL. 34606</b>			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, or on an attachment with an address.

SIGNATURE:

*L. Bylsma Lucie Bylsma* **3-31-98 596-4141**

CR2E034 (10/97)