

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

FILED

Feb 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J45374 (2)
1. Corporation Name
TRANSEASTERN PROPERTIES, INC.



Principal Place of Business
3300 UNIVERSITY DR.
CORAL SPRINGS FL 33065

Mailing Address
3300 UNIVERSITY DR.
CORAL SPRINGS FL 33065-6309

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/04/1986		3a. Date of Last Report 04/15/1996	
21		26		4. FEI Number 59-2745379		Applied For Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		29		30	
24		25					

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				10. Name and Address of New Registered Agent			
				81 Name Kinsey John P.A.			
				82 Street Address (P.O. Box Number is Not Acceptable) 2300 Corporate Blvd #112			
				83			
				84 City Boca Raton FL 85 Zip Code 33431			

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME FALCONE, ARTHUR				1.2 NAME			
STREET ADDRESS 3300 UNIVERSITY DR.				1.3 STREET ADDRESS			
CITY-ST-ZIP CORAL SPRINGS FL 33065				1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME D FALCONE, EDWARD				2.2 NAME			
STREET ADDRESS 3300 UNIVERSITY DR.				2.3 STREET ADDRESS			
CITY-ST-ZIP CORAL SPRINGS FL 33065				2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME VUCCI, PHIL				3.2 NAME			
STREET ADDRESS 3300 UNIVERSITY DR.				3.3 STREET ADDRESS			
CITY-ST-ZIP CORAL SPRINGS FL 33065				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME VP DIFORE, CORA				4.2 NAME			
STREET ADDRESS 3300 UNIVERSITY DR.				4.3 STREET ADDRESS			
CITY-ST-ZIP CORAL SPRINGS FL 33065				4.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME VP NICHOLSON, LARRY				5.2 NAME			
STREET ADDRESS 3300 UNIVERSITY DR.				5.3 STREET ADDRESS			
CITY-ST-ZIP CORAL SPRINGS FL 33065				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 do 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, changed, or on an attachment with an address.

SIGNATURE *[Signature]* U. Pres. 1-17-97

CR2E034 (9/96)