

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

**FILED**  
**Jun 10 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # K33691 (2)**  
 1. Corporation Name  
**TRANS MEDIA, INC.**



Principal Place of Business Mailing Address

**% DENNIS L. HORTON**  
 900 W. HWY 50  
 CLERMONT FL 32711

**% DENNIS L. HORTON**  
 900 W. HWY 50  
 CLERMONT FL 34711-2874

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	<b>TRANS MEDIA INC.</b>	26	<b>TRANS MEDIA, INC.</b>	<b>09/20/1988</b>	<b>07/12/1986</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
<b>712 MONTROSE ST</b>		<b>712 MONTROSE ST</b>		<b>59-2909504</b>	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<b>Clermont FL</b>		<b>Clermont, FL</b>		<input type="checkbox"/>	
24	Zip	25	Country	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
<b>34711</b>		<b>USA</b>		<input type="checkbox"/>	
28	Zip	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>34711</b>		<b>USA</b>			

9. Name and Address of Current Registered Agent

**HORTON, DENNIS L.**  
 900 W. HWY 50  
 CLERMONT FL 32711

10. Name and Address of New Registered Agent

81 Name **SANDRA M. SOLIS**

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

83

84 City **Clermont** FL 85 Zip Code **34711**

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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. Each 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]* DATE **5-1-97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SOLIS, CARLOS</b>	
STREET ADDRESS	<b>143 W. MONTROSE ST</b>	
CITY-ST-ZIP	<b>CLERMONT FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SOLIS, SANDRA M.</b>	
STREET ADDRESS	<b>143 W. MONTROSE ST</b>	
CITY-ST-ZIP	<b>CLERMONT FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>\$165 BANK</b>
6.3 STREET ADDRESS	
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, 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.

CR2E034 (9/96)