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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

% DENNIS L. HORTON
800 W. HWY 50
CLERMONT FL 32711

Mailing Address

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



2. Principal Place of Business

21 TRANS MEDIA INC.
Suite, Apt. #, etc.

22 712 MONTROSE ST
City & State

23 CLERMONT, FL
Zip

24 34711
Country USA

2a. Mailing Address

26 TRANS MEDIA, INC.
Suite, Apt. #, etc.

27 712 MONTROSE ST
City & State

28 CLERMONT, FL
Zip

29 34711
Country USA

3. Date Incorporated or Qualified

09/20/1988

3a. Date of Last Report

07/12/1996

4. FEI Number

59-2909504

Applied For
Not Applicable

6. 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

HORTON, DENNIS L.
800 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. 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5-1-97
DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SOLIS, CARLOS
STREET ADDRESS 143 W. MONTROSE ST
CITY-ST-ZIP CLERMONT FL
☐ DELETE

TITLE D
NAME SOLIS, SANDRA M.
STREET ADDRESS 143 W. MONTROSE ST
CITY-ST-ZIP CLERMONT FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☒ Addition

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 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE

5-1-97 (09/20/1988)

CR2E034 (9/96)