

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L78675

1. Corporation Name

TRANSMISSION TORQUE CONVERTER INC.

Principal Place of Business
**79 NORTHWEST 20TH STREET
MIAMI, FL 33127**

Mailing Address
**79 NORTHWEST 20TH STREET
MIAMI, FL 33127**

**APPROVED
AND
FILED**

95 APR 17 AM 9:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

400001453254

-04/18/95--01089--013

******200.00 ****200.00**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/05/90

3a. Date of Last Report
04/26/94

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0194261		☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		☐ \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		☐	
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☐ Yes ☐ No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

**JERNIGAN, JEFFERY T
79 NORTHWEST 20TH STREET
MIAMI, FL 33127**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	☐ Change ☐ Addition
NAME	JERNIGAN, JEFFERY T	1.2 NAME	
STREET ADDRESS	79 NORTHWEST 20TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33127	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	JERNIGAN, JEFFERY T	2.2 NAME	
STREET ADDRESS	79 NORTHWEST 20TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33127	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	JERNIGAN JEFFERY T	3.2 NAME	
STREET ADDRESS	79 NORTHWEST 20TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33127	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

4/17/95
MS

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 110.07(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 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:

Jeffery T. Jernigan
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

April 10, 1995 **365 526-6210**
Telephone (Area Code)