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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # L82907 (1)

1. Corporation Name
TRANSVESTER, INC.

Principal Place of Business: ~~% 2730 CENTRAL AVE. ST. PETERSBURG FL 33712~~

Mailing Address: ~~% 2730 CENTRAL AVE. ST. PETERSBURG FL 33712~~

NOT AT THIS ADDRESS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 L.O.F.F.1.H
Suite, Apt. #, etc.
22 472 1ST STR W
City & State
23 TIERRA VERDE
Zip 24 33715 Country 25 FL

2a. Mailing Address
26 L.O.F.F.1.H
Suite, Apt. #, etc.
27 472 1ST STR W
City & State
28 TIERRA VERDE
Zip 29 33715 Country 30 FL

3. Date Incorporated or Qualified: 06/25/1990

4. FEI Number: 59-3077196 ☐ Applied For ☐ Not Applicable

5. 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: L.O.F.F.1ST.
82 Street Address (P.O. Box Number is Not Acceptable): 472 1ST STR W.
83
84 City: TIERRA VERDE FL 85 Zip Code: 33715

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] DATE 4/28/98

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

12. OFFICERS AND DIRECTORS

TITLE	D	☑ DELETE
NAME	PAY, WILL	
STREET ADDRESS	~~% 2730 CENTRAL AVE.~~	
CITY-ST-ZIP	~~ST. PETERSBURG FL 33712~~	
TITLE	D	☑ DELETE
NAME	BOON, MARIO	
STREET ADDRESS	~~% 2730 CENTRAL AVE.~~	
CITY-ST-ZIP	~~ST. PETERSBURG FL 33712~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.S.D	☐ Change ☐ Addition
1.2 NAME	JOEP DE BRUYN	
1.3 STREET ADDRESS	472 1st STR W.	
1.4 CITY-ST-ZIP	TIERRA VERDE FL 33715	
2.1 TITLE	T.D.	☐ Change ☐ Addition
2.2 NAME	BART DE BRUYN	
2.3 STREET ADDRESS	472 1st STR W	
2.4 CITY-ST-ZIP	TIERRA VERDE FL 33715	
3.1 TITLE	D	☐ Change ☐ Addition
3.2 NAME	MARIA VERSTRAETEN	
3.3 STREET ADDRESS	472 1st STR W	
3.4 CITY-ST-ZIP	TIERRA VERDE FL 33715	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 Bart de Bruyn 4/28/98 (813) 906-0181