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

CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS

DOCUMENT #	M65438	(7)

TRANS-FLORIDA COMMUNICATIONS AND ELECTRONICS, IN



J. C.				
Principal Place of Business Mailin	g Address			
SUITE C 2	04 W NEW HAVEN AVE JITE C 2 EST MELBOURNE FL 32904		Date Incorporated or Qualified	3a. Date of Last Report
<u> </u>			01/21/1988	04/24/1995
	ailing Address	21	4. FEI Number	Applied For
	280 SARNO ite, Apt. #, etc.	NA.	59-2899156	Not Applicable
22 27	no, 747, #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	y & State 1EL bourne	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip	Cou	<sub>ይ</sub>	8. This corporation has liability for in	
9. Name and Address of Current Registers		<u></u>	Florida Statutes Yes	<b>5</b> \$No
	o Agont	81 Name #	10. Name and Address of New Re	
LIBASCI, FRANK N.		L 4	BASCI, FRANK	
2104 W NEW HAVEN AVE		Street Address	s (P.O. Box Number is Not Agceptable	)
W. MELBOURNE FL 32904		83		
		84 City	•	- 85 Zin Code
11. Pursuant to the provisions of Sections 607 0502 and 607 15	OR Florida Statutas, the abo	MEL	boverE	FL 32435
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.15 or registered agent, or both, in the State of Florida. Such ch familiar with, and accept the obligation of Section 607.050</li> </ol>	ange was authorized by the c	ove-named corporation or board a	on submits this statement for the purp of directors. I hereby accept the appoi	ose of changing its registered office International Intern
SIGNATURE FLAND N. Colon	FRANK N.	1: 6000:		4/30/96
Signature, typed or printed name of mystered agent and title if a spic.  12. OFFICERS AND DIRECTOR	RDR: (NOTE: Rogistered	Agent signature required wh		DA1Ł.
TITLE PTD	TS 13.	uri e	ADDITIONS/CHANGES TO OFFIC	
NAME LIBASCI, FRANK N.	1.2 NA	i		Change
STREET ADDRESS 2104 W NEW HAVEN AVE	i i		'S SABUS RI.	
CITY-ST-ZIP W. MELBOURNE FL		TY-ST-ZIP	Choise F	32935
TITLE VD	DELETE 2.1 TI	ITLE	O SARNO Pd. ELBOURNE, FC	Change Addition
NAME LIBASCI, KATHLEEN K.	2.2 NA	AME .		
STREET ADDRESS 2104 W NEW HAVEN AVE	2.3 \$1	REET ADDRESS / > \$	ro Sheno Rd. Lbourne, FL 32	
CITY-S1-2IP W. MELBOURE FL	FT3 per ere	IY-SI-ZIP ME	L'OURNE FL 32	2635
NAME	DELETE 3. 1 Tr	ILE	•	Change Addition
STREET ADDRESS	3.2 NA			
CITY-ST-ZIP		TY-SI-ZIP		
TITLE	DELETE 4.17:1			Change
NAME	4.2 NA			Change Addition
STREET ADDRESS	4.3 STF	REET ADDRESS		
CITY-SI-ZIP	4.4 CIT	TY-S1-ZIP		(
TOLE	DELETE 5 1 TIT	TLE		Change Addition
NAME	5.2 NAI	ME		_
STREET ADDRESS	5 3 STF	REET ADDRESS		-
CITY-SI-ZIP	CO proper	IY-ST-ZIP		
TITLE	DELETE 6.1 TH	TLE		Change Addition
NAME	<b>9</b>			
	6.2 NAM	1		_
STREET ADDRESS CHY-ST-ZIP	6.3 STA	ME REET ADORESS Y-ST-ZIP		

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 trusted 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 adachment with an address.

SIGNATURE:

Frank N. Cobase SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR