

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1986.**  
**AMOUNT DUE ON OR BEFORE 8/9/86: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 JUL -3 AM 8:34**

**DOCUMENT # P07490 (6)**

1. Corporation Name

**TRANSNATIONAL COMPUTER MANAGEMENT, INC.**

Principal Place of Business

**1451 W CYPRESS CREEK RD  
#300  
FT LAUDERDALE FL 33309**

Mailing Address

**1451 W CYPRESS CREEK RD  
#300  
FT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                              |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>08/23/1985</b>                                                                                                       | 3a. Date of Last Report<br><b>01/25/1994</b> |
| 4. FEI Number<br><b>59-2568902</b>                                                                                                                           | Applied For<br>(Not Applicable)              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                    | <b>\$8.75 Additional Fee Required</b>        |
| 6. Use transfer (public or private)<br>Trust/Trustee/Corporate <input type="checkbox"/>                                                                      | <b>\$5.00 May Be Added to Fees</b>           |
| 7. This corporation has liability for information fee under 1001.012<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                              |

2. Principal Place of Business

**21 Suite, Apt. #, etc**

2a. Mailing Address

**26 Suite, Apt. #, etc**

22 City & State

**23**

27 City & State

**28**

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**HEAGY, RICHARD H.  
1451 W. CYPRESS CREEK ROAD  
SUITE 300  
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

|                                                       |           |
|-------------------------------------------------------|-----------|
| 81 Name                                               |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83                                                    |           |
| 84 City                                               | <b>FL</b> |
| 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 the corporation)

(Typed Registered Agent Signature required after recording)

DATE

| 12. OFFICERS AND DIRECTORS |                                | 13. ADDITIONAL OFFICERS AND DIRECTORS |                                                                   |
|----------------------------|--------------------------------|---------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>PTD</b>                     | 1.1 TITLE                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BLODGETT, HERBERT B.</b>    | 1.2 NAME                              |                                                                   |
| STREET ADDRESS             | <b>1451 W CYPRESS CREEK RD</b> | 1.3 STREET ADDRESS                    |                                                                   |
| CITY, ST, ZIP              | <b>FT LAUDERDALE FL</b>        | 1.4 CITY, ST, ZIP                     |                                                                   |
| TITLE                      | <b>VO</b>                      | 2.1 TITLE                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GALLAGHER, JOHN</b>         | 2.2 NAME                              |                                                                   |
| STREET ADDRESS             | <b>8 GRANDVIEW DRIVE</b>       | 2.3 STREET ADDRESS                    |                                                                   |
| CITY, ST, ZIP              | <b>HOUNDEL NJ</b>              | 2.4 CITY, ST, ZIP                     |                                                                   |
| TITLE                      | <b>VSD</b>                     | 3.1 TITLE                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HEAGY, RICHARD H</b>        | 3.2 NAME                              |                                                                   |
| STREET ADDRESS             | <b>1451 W CYPRESS CREEK RD</b> | 3.3 STREET ADDRESS                    |                                                                   |
| CITY, ST, ZIP              | <b>FT LAUDERDALE FL</b>        | 3.4 CITY, ST, ZIP                     |                                                                   |
| TITLE                      |                                | 4.1 TITLE                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | 4.2 NAME                              |                                                                   |
| STREET ADDRESS             |                                | 4.3 STREET ADDRESS                    |                                                                   |
| CITY, ST, ZIP              |                                | 4.4 CITY, ST, ZIP                     |                                                                   |
| TITLE                      |                                | 5.1 TITLE                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | 5.2 NAME                              |                                                                   |
| STREET ADDRESS             |                                | 5.3 STREET ADDRESS                    |                                                                   |
| CITY, ST, ZIP              |                                | 5.4 CITY, ST, ZIP                     |                                                                   |
| TITLE                      |                                | 6.1 TITLE                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | 6.2 NAME                              |                                                                   |
| STREET ADDRESS             |                                | 6.3 STREET ADDRESS                    |                                                                   |
| CITY, ST, ZIP              |                                | 6.4 CITY, ST, ZIP                     |                                                                   |

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(1)(b), Florida Statutes. I further certify that the information submitted 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:

*Richard H. Heagy*

**RICHARD H HEAGY**

**6/28/95**

**305-772-5608**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR