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Apr 27 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 # **P27625** (3)  
1. Corporation Name  
**TRANS AMERICAN MANAGEMENT CORPORATION**

Principal Place of Business  
**4141 NO. HENDERSON RD  
SUITE #8  
ARLINGTON VA 22203**

Mailing Address  
**4141 NO. HENDERSON RD  
SUITE #8  
ARLINGTON VA 22203**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/02/1990</b>	
21 Suite, Apt #, etc.	26	27 Suite, Apt #, etc.	28	4. FEI Number <b>54-0882223</b>	Applied For Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	26 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent <b>RUBAN, EDWARD 1345 SO. MISSOURI AVENUE SUITE 215 CLEARWATER FL 34616</b>				10. Name and Address of New Registered Agent	

RUBAN, EDWARD  
1345 SO. MISSOURI AVENUE  
SUITE 215  
CLEARWATER FL 34616

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WALTERS, ARTHUR L.	1.2 NAME	
STREET ADDRESS	4141 N. HENDERSON RD #8	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	WALTERS, MARK W.	2.2 NAME	
STREET ADDRESS	4141 N. HENDERSON RD #8	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	WALTERS, LILY D.	3.2 NAME	
STREET ADDRESS	4141 N. HENDERSON RD #8	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

ARTHUR L. WALTERS

4/30/98

703-527-5200

CR2E034 (10/97)