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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P27625

1. Corporation Name

TRANS AMERICAN MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
4141 NO. HENDERSON RD SUITE #8 ARLINGTON VA 22203	4141 no. Henderson RD Suite #8 Arlington va 22203
2. Principal Place of Business	2a. Mailing Address

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90016 009 \*\*\*150.00

Principal Place	e of Business	Mailing	Address				''				
4141 NO. HEND	DERSON RD	4141 NC	). HENDERSON RD				ļ				
SUITE #8 SUITE #8								DO NOT	MOITE IN THIS	SPACE	
ARLINGTON VA 22203 ARLINGTON VA 22203							2 Date I	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
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8 DiID	f Duringer	2n Mai	ling Address				4. FEI No				pplied For
<u> </u>	lace of Business	-	ing Address				I	382223			lot Applicable
21 Suito Ant	# ata	26 Suit	te, Apt. #, etc.						<del></del>		Additional
Suite, Apt.	#, etc.		a, Apr. w, etc.	<u></u>	سو ۔		~~  ≈5,~Certifo	ate of Status Desire	d	·	Required
City & Stat		27 City	/ & State				6 Flectio	on Campaign Financ	ina	\$5.00	May Be
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Zip	Country	Zip		Cou	intry			orporation owes the	current year In	tangible	
24	25	29	Г	30	,		I	nal Property Tax.	our, ork your an	Yes	⊠No
24	9. Name and Address of Current			<b>50</b> ]				and Address of No	ew Registered	Agent	
	o, mano and regions of contoni				81	Name					
RUB	AII, EDWARD						· /5.5.5	All Jahan to Mich A			
	SO. MISSOURI AVENUE				82	Street Add	dress (P.O. Bo	x Number is Not Acc	ceptable)		
ſ	TE 215				83						
	ARWATER FL 34616										
					84	City			FL	85 Zip	Code
	to the provisions of Sections 607.0502	2 and 607 11	EOO Florido Statuto	e the el	<u> </u>	named cor	rnoration subm	its this statement for		-     f changing i	ts registered
l office or r	registered agent or both, in the State (	of Florida, S	uch chande was au	ıtnonzed	ו עס כ	the corpora	ition's board of	directors. I hereby a	ccept the appo	intment as	egistered
agent. I a	m familiar with, and accept the obligat	tions of, Sec	tion 607.0505, Flori	ida Statı	utes.						
SIGNATURE									0.47		
	Signature, typed or plinted name of registered agent			Registered			uired when reinstating		DATE DATE	ND DIRECT	ORS IN 12
12.	OFFICERS AN		DRS	Registered	d Agent			) ONS/CHANGES TO			
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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 of 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 appear with all other like empowered.

SIGNATURE: