

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

FILED
Mar 12 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P93000083946 (2)**

1. Corporation Name
TRANS-VOYAGE, INC.

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| Principal Place of Business P.O. BOX 818223 ORLANDO FL 32861-8223 | Mailing Address P.O. BOX 818223 ORLANDO FL 32861-8223 |
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| 3. Date Incorporated or Qualified 12/02/1993 | 3a. Date of Last Report 05/01/1996 |
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| 2. Principal Place of Business 21 323 HAVELOCK ST 22 ORLANDO FL 23 32824 USA | 2a. Mailing Address 26 P.O. Box 770458 27 ORLANDO FL 28 32824 USA | 4. FEI Number 59-3216971 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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| 9. Name and Address of Current Registered Agent CANONICA, AGNES 4712 WALDEN CIRCLE SUITE 1721 ORLANDO FL 32811 | 10. Name and Address of New Registered Agent 81 Name CANONICA, AGNES 82 Street Address (P.O. Box Number is Not Acceptable) 323 HAVELOCK STREET 83 84 City ORLANDO FL 85 Zip Code 32824 |
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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  **AGNES CANONICA VICE PRESIDENT 03-07-97**
(NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|--|
| TITLE P | <input type="checkbox"/> DELETE | 1.1 TITLE P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CANONICA, YAN | | 1.2 NAME CANONICA, YAN | |
| STREET ADDRESS 4712 WALDEN CIRCLE, #1721 | | 1.3 STREET ADDRESS 323 HAVELOCK STREET | |
| CITY-ST-ZIP ORLANDO FL | | 1.4 CITY-ST-ZIP ORLANDO - FL - 32824 | |
| TITLE V | <input type="checkbox"/> DELETE | 2.1 TITLE V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CANONICA, AGNES | | 2.2 NAME CANONICA, AGNES | |
| STREET ADDRESS 4712 WALDEN CIR #1721 | | 2.3 STREET ADDRESS 323 HAVELOCK STREET | |
| CITY-ST-ZIP ORLANDO FL | | 2.4 CITY-ST-ZIP ORLANDO - FL - 32824 | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 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:  **AGNES CANONICA 03-07-97 407-856-8290**
Date Daytime Phone

CR2E034 (9/96)