## "SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P93000087898 v

TRANSPHINX CORP.

## FILED Aug 06, 1999 8:00 am Secretary of State

08-06-1999 90003 034 \*\*\*550.00



Principal Place	e of Business	Mailing Address					
	TRUST COMPANY LIMITED	P.O. BOX 546. SIR WALTER RALEIGH HOUSE					
Suite 15A. Britannia Place, Bath Street St. Helier, Jersey Je24HP Fl		the esplanade St. Helier, Jersey Je48xy			DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified		
					12/16/1993		
2 Dein eine Di	lana of Discipant	2a Mailing Address			4. FFI Number	Applied For	
22. Principal Place of Business 2a. Mailing Address 21 C/O/NS/NGER TRUST (1665(4) 125 PO Box 546			_			Not Applicable	
21   10   10   10   60x   1201   (766 ) (74 )   1   0   50x   54   6					05-0400073	\$8.75 Additional	
	THE PACADE	27 28 -30 THE PY	WAKE		5. Certificate of Status Desired	Fee Required	
22 25 30 City & State		City & State	·KIIL		6. Election Campaign Financing	\$5.00 May Be	
		28 SI_HEUER-		-	Trust Fund Contribution	Added to Fees –	
23 ST HE	Country	Zip	Countr	v	8. This corporation owes the current		
24 JE4 84	· · · · · · · · · · · · · · · · · · ·		30 760	śc4C		Yes No	
24DLTON	9. Name and Address of Current			<u></u>	10. Name and Address of New Reg	istered Agent	
			8	Name			
WHE	EATON, GAIL M			01	/D.O. Barrish Hat Assessable	3	
102	18 N.W. 50 STREET		82 Street Addre		Address (P.O. Box Number is Not Acceptable	**	
SUN	NRISE FL 33351		8:	83			
			ļ. <u>.</u>	<u> </u>			
			8	4 City		FL 85 Zip Code	
11. Pursuant	to the provisions of sections 607 0502	and 607 1508 Florida Statutes	the abov	e-named co	orporation submits this statement for the purpo		
f office or i	registered agent, or both, in the State of	f Florida. Such change was au	thorized b	v the corpo	pration's board of directors. I hereby accept the	ne appointment as registered	
agent.ia	am familiar with, and accept the obligati	ons of, section 607,0505, Flor	ida Statute	es.			
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if annihoshle (NOT	F: Registered	Agent signatur	e required when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	PSTD	DELETE	1.1 TITLE		S	Change Addition	
l						Correct N 17	
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