

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

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

08-06-1999 90003 034 ***550.00

DOCUMENT # **P93000087898**

1. Corporation Name
TRANSPHINX CORP.



Principal Place of Business
C/O BAYARD TRUST COMPANY LIMITED
SUITE 15A, BRITANNIA PLACE, BATH STREET
ST. HELIER, JERSEY JE24HP FL

Mailing Address
P.O. BOX 546, SIR WALTER RALEIGH HOUSE
THE ESPLANADE
ST. HELIER, JERSEY JE48XY

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1993

4. FEI Number

65-0480075

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.



Yes ☐ No

2. Principal Place of Business

21 C/O INSINGER TRUST (JERSEY) LTD

Suite, Apt. #, etc.

22 28-30 THE PARADE

City & State

23 ST. HELIER

Zip

24 JE4 8XY

Country

25 JERSEY C.I.

2a. Mailing Address

26 P.O. BOX 546

Suite, Apt. #, etc.

27 28-30 THE PARADE

City & State

28 ST. HELIER

Zip

29 JE4 8XY

Country

30 JERSEY C.I.

9. Name and Address of Current Registered Agent

WHEATON, GAIL M
10218 N.W. 50 STREET
SUNRISE FL 33351

10. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSTD
CRESPEL, MARTYN D
SUITE 15A, BRITANNIA PLACE, BATH STREET
ST. HELIER, JERSEY JE24HP FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**S
INSINGER SECRETARIES (JERSEY) LTD
28-30 THE PARADE,
ST. HELIER, JERSEY JE4 8XY.**

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, as changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0129503