FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000002344 (6)**

1. Corporation Name

A & T TRANSMISSIONS, INC.

Principal Place of Business	Mailing Address
18638 NE 18TH AVENUE STE. 244 NO. MIAMI FL 33179	18638 NE 18TH AVENUE STE. 244 NO. MIAMI FL 33179

3. Date Incorporated or Qualified: 01/10/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 153 N. St. Rd. 7
22 Suite, Apt. #, etc.: MARGATE, FL
23 City & State: 33060
24 Zip:
25 Country: Broward

2a. Mailing Address
26: 591 SE 5th AVE
27 Suite, Apt. #, etc.: Pompano Beach
28 City & State: FLA
29 Zip: 33060
30 Country: Broward

4. FEI Number: 65-0545090 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SEGAL, ALAN
18638 NE 18TH AVENUE STE. 244
NO. MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name: SAME –
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: _____ 1-26-96
Signature of the above named registered agent and the date of acceptance (N.B. Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	SEGAL, ALAN		12 NAME		
STREET ADDRESS	18638 NE 18TH AVENUE STE. 244		13 STREET ADDRESS	591 SE 5th AVE	
CITY-ST-ZIP	NO. MIAMI FL 33179		14 CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE	VSD	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	SEGAL, THESLA		22 NAME		
STREET ADDRESS	18638 NE 18TH AVENUE STE. 244		23 STREET ADDRESS	591 SE 5th AVE	
CITY-ST-ZIP	NO. MIAMI FL 33179		24 CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 1-26-96 305-972-1133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #