

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000009314 (2)

1. Corporation Name
TRANSCOM INC.



Principal Place of Business Mailing Address
27313 OLD 41 ROAD, STE. 3 BONITA SPRINGS FL 33923

| | |
|---|--------------------------------|
| 3. Date Incorporated or Qualified 02/03/1995 | 3a. Date of Last Report |
| 4. FEI Number 65-0552244 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" 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 | |

| | |
|--|---------------------------|
| 2. Principal Place of Business 21 620 NW 167 ST. Suite, Apt. #, etc. | 2a. Mailing Address 26 |
| 22 City & State 23 MIAMI, FL | 27 City & State 28 |
| 24 Zip 33169 | 25 Country US |
| 29 Zip | 30 Country |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

| | | | | |
|---------|---|----|---------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 85 Zip Code |
| | | | FL | |

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: *Sandra B. Morikiam* President DATE: 3-27-96
(By check, typed or printed name of registered agent and firm if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|---------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | SARNA, JOANNE V | |
| STREET ADDRESS | 27313 OLD 41 ROAD, STE. 3 | |
| CITY-STATE-ZIP | BONITA SPRINGS FL 33923 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

| | | |
|-------------------|-----------------------|--|
| 11 TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME | DAN WHATLEY | |
| 13 STREET ADDRESS | 620 NW 167 ST. | |
| 14 CITY-STATE-ZIP | MIAMI, FL 33169 | |
| 21 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-STATE-ZIP | | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-STATE-ZIP | | |
| 41 TITLE | 600001782776 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | -04/16/96--01030--001 | |
| 43 STREET ADDRESS | ***208.75 | |
| 44 CITY-STATE-ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-STATE-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-STATE-ZIP | | |

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, trustee, or assignee 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 this filing.

SIGNATURE: *Sandra B. Morikiam* President DATE: 3-26-96
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR: DAN WHATLEY DAYTIME PHONE: 305-999-2650

CR2E034 (12/95)