

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 # **P95000034082**

1. Corporation Name

TRANSAMERICAN TELCOM INC.

Principal Place of Business

Mailing Address

**8 COVENTRY WAY
FORT LAUDERDALE, FL
33305**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 **1881 N.E. 26th ST.**
27 Suite, Apt. #, etc.
28 **SUITE 212**
29 City & State
30 **WILTON MANORS FL**
31 Zip
32 **33305**
33 Country
34 **BROWARD**

3. Date Incorporated or Qualified

3a. Date of Last Report

May 2, 1995

4. FEI Number

65-0586806

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

10. Name and Address of New Registered Agent

**THE LAW FIRM OF LAWRENCE J. SPIEGEL
CHARTERED DBA AMERILAWYER
343 ALMERIA AVE
CORAL GABLES, FL 33134**

81 Name **ROBERT E. PORTERFIELD JR.**
82 Street Address (P.O. Box Number is Not Acceptable)
1881 N.E. 26th ST SUITE 212
83
84 City **WILTON MANORS** FL 85 Zip Code **33305**

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: **Robert E. Porterfield Jr.** **ROBERT E. PORTERFIELD JR.** **4-25-96**
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **LAWRENCE T. TAYLOR**
STREET ADDRESS **1741 N.E. 27th AVE.**
CITY-STATE-ZIP **POMPANO BEACH FL 33062**
TITLE **V** ☒ DELETE
NAME **MICHAEL KOSTOFF**
STREET ADDRESS **8 COVENTRY WAY**
CITY-STATE-ZIP **FORT LAUDERDALE FL 33305**
TITLE **S** ☒ DELETE
NAME **MICHAEL KOSTOFF**
STREET ADDRESS **8 COVENTRY WAY**
CITY-STATE-ZIP **FORT LAUDERDALE FL 33305**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **ROBERT E. PORTERFIELD JR.**
1.3 STREET ADDRESS **1881 N.E. 26th ST SUITE 212**
1.4 CITY-STATE-ZIP **WILTON MANORS FL 33305**
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE **S** ☒ Change ☐ Addition
3.2 NAME **ROBERT E. PORTERFIELD JR.**
3.3 STREET ADDRESS **1881 N.E. 26th ST SUITE 212**
3.4 CITY-STATE-ZIP **WILTON MANORS FL 33305**
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE **30000180614** ☐ Change ☐ Addition
5.2 NAME **-05/03/96--01018--006**
5.3 STREET ADDRESS *****200.00**
5.4 CITY-STATE-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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: **Robert E. Porterfield Jr.** **ROBERT E. PORTERFIELD JR.** **4-25-96** **(954) 568-5424**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)