

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000036533 (4)

1. Corporation Name

TRANSCOMM (FLORIDA) INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

1731 SE 15TH STREET
SUITE 212
FT LAUDERDALE FL 33316

PO BOX 350126
FT LAUDERDALE FL 33335

3. Date Incorporated or Qualified
05/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3400 McIntosh Road

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Building A, Annex 5-8

27

City & State

City & State

23 Fort Lauderdale, Fla.

28

Zip

Country

Zip

Country

24 33316

25

USA

29

30

4. FEI Number
65-0599076

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

VOORHEIS, V J
540 NE 4TH STREET
FT LAUDERDALE FL 33301-1192

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME WILSON, JAMES A
STREET ADDRESS 16215 AIR CARGO ROAD
CITY - ST - ZIP SEATTLE WA 98158

11 TITLE P ☐ Change ☒ Addition

TITLE D ☐ DELETE
NAME YAMBOR, JANICE
STREET ADDRESS 220 NE 42ND CT
CITY - ST - ZIP OAKLAND PARK FL 33334

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

22 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

23 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

24 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *James A. Wilson*

James A. Wilson

7/18/96

(206) 243-9688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)