FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000037964

TRANSCOM ENGINEERING, INC.

FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90037 047 ***150.00



	•		A.		
Principal Plac	ce of Business	Mailing Address			T NEDEK DØDER DREID ØSIDE BIND INDI
620 NW 167TH ST. 620 NW 16ZFH ST. MIAMI FL 33169 MIAMI FL 33169			DO NOT WRITE IN THIS	CDACE	
ſ		/ '/	YXIXI H	3. Date Incorporated or Qualifed	SMACE
l	/	1	[/// X//\/ [05/12/1995	
2. Principal F	Place of Business	2a. Mailing Address	<i>[[K]</i>	4. FEI Number	Applied For
21		26	///XXIL	65-0579902	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		1111XX		\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required
City & State City & State		1.///	6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees
Zip	f ountry	VIIIX XXXX	Country	8. This corporation owes the current year Int	
24 -	25/			Personal Property Tax.	Yes No
9. Name and Address of Current Received Address of New Registered Agent 81 Name					
WHATLEY, DAN					
620 NW 167TH ST.				ess (P.O. Box Number is Not Acceptable)	
MIA	MI FL 33169	K <i>XIIXII</i> II	83		
0.00	4		84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.03 (April 207.508, 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 Provision Statutes, the appointment as registered agent. I am familiar with, and accept the policies of Section 607.0505. Florida Statutes.					
agent. I am familiar with, and accept the obligation (b), Section 607.0505, Plorida Statutes.					
SIGNATURE Signature, typed of printed name of registered agent and two if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		Registered Agent signature required	ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 13
TITLE	RA (DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAMÉ	WHATLEY, DAN		1.2 NAME	• •	
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33169		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS	\ \ \ \		2.3 STREET ADDRESS		
CITY-ST-ZIP		./	2.4 CITY-ST-ZIP		
TITLE	*N 254	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Mary (1977)		3.2 NAME		İ
STREET ADDRESS	護望 によった。		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		-
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	.		4. 2 NAME		j
STREET ADDRESS) ["]	•	4.3 STREET ADDRESS)
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE]	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	HK .		5.4 CITY-ST-ZIP		
TITLE	TENNERS OF THE STATE OF	☐ DELETE	6.1 TITLE	-	☐ Change ☐ Addition
NAME	\$2. 10 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		6.2 NAME		
STREET ADDRESS	Control of the Contro		6.3 STREET ADDRESS		
CITY OF 71D	I		64 CITY-ST-7(P		,

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 employered 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 onyan attachment with anyaddress, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)