

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

APPROVED

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000063183 (4)

1. Corporation Name

TRANSEASTERN ABERDEEN PROPERTIES, INC.

DEC 25 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2300 CORPORATE BLVD.
SUITE 112
BOCA RATON FL 33431

Mailing Address

2300 CORPORATE BLVD.
SUITE 112
BOCA RATON FL 33431

2. Principal Place of Business

21 3300 University Drive

Suite, Apt. #, etc.

22 First Floor, Lobby

City & State

23 Coral Springs, FL

Zip

24 33065

Country

2a. Mailing Address

26 3300 University Drive

Suite, Apt. #, etc.

27 First Floor, Lobby

City & State

28 Coral Springs, FL

Zip

29 33065

Country

30

3. Date Incorporated or Qualified

08/15/1995

3a. Date of Last Report

4. FEI Number

65-0607027

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

KINSEY, JOHN T
2300 CORPORATE BLVD.
SUITE 112
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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 the corporation

(Signature of Registered Agent) Signature, typed or printed name of corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KINSEY, JOHN T
STREET ADDRESS 2300 CORPORATE BLVD., #112
CITY-ST-ZIP BOCA RATON FL 33431

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE President/Director
2. NAME Arthur J. Falcone
3. STREET ADDRESS 3300 University Drive
4. CITY-ST-ZIP Coral Springs, FL 33065

☒ Change ☐ Addition

2. TITLE V.P./Secretary
3. NAME Philip Cucci, Jr.
4. STREET ADDRESS 3300 University Drive
5. CITY-ST-ZIP Coral Springs, FL 33065

☐ Change ☒ Addition

3. TITLE Vice President
4. NAME Edward W. Falcone
5. STREET ADDRESS 3300 University Drive
6. CITY-ST-ZIP Coral Springs, FL 33065

☐ Change ☒ Addition

4. TITLE Vice President
5. NAME Cora DiFiore
6. STREET ADDRESS 3300 University Drive
7. CITY-ST-ZIP Coral Springs, FL 33065

☐ Change ☒ Addition

5. TITLE Treasurer
6. NAME Les Campbell
7. STREET ADDRESS 3300 University Drive
8. CITY-ST-ZIP Coral Springs, FL 33065

☐ Change ☒ Addition

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY-ST-ZIP

☐ Change ☐ Addition

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:

Cora DiFiore, Vice President

4-22-96

(305)
346-9700

CP2E034 (12/95)