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FILED

Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000075952 (8)

1. Corporation Name

TRANS-MATE PRODUCTS OF FLORIDA, INC.



Principal Place of Business

Mailing Address

223 ALTAMONTE COMMERCE BLVD  
SUITE 1318  
ALTAMONTE SPRINGS FL 32714  
US

P.O. BOX 940336  
MAITLAND FL 32794-0336  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 223 ALTAMONTE COMMERCE

22 City & State

27 SUITE 1318

23 Zip

Country

28 ALTAMONTE SPRINGS FL

Zip

Country

24

25

29 32714

30

FLORIDA

9. Name and Address of Current Registered Agent

ICARDI, JEFFREY A  
990 LEWIS DR.  
WINTER PARK FL 32789

3. Date Incorporated or Qualified

10/03/1995

3a. Date of Last Report

07/26/1996

4. FEI Number

59-3338383

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

10. Name and Address of New Registered Agent

81 Name

JEFFREY A ICARDI

82 Street Address (P.O. Box Number is Not Acceptable)

237 LOOKOUT PLACE

83

SUITE 100

84 City

MAITLAND

FL

85 Zip Code

32751

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

Mark Higley - President

1-14-97

12. OFFICERS AND DIRECTORS

TITLE D

NAME HIGLEY, MARK

STREET ADDRESS 2228 CHIPPEWA TRL.

CITY-ST-ZIP MAITLAND FL 32751

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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: Mark Higley - President

1-14-97 (407) 802 3009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)