

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 # **P95000087418 (6)**

1. Corporation Name

TRANS-SAM OF VERO BEACH, INC.



Principal Place of Business

**1701 A-1-A, SUITE 207
VERO BEACH FL 32963**

Mailing Address

**1701 A-1-A, SUITE 207
VERO BEACH FL 32963**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

Suite #202

23

City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

Suite #202

28

City & State

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**BLOCK, SAMUEL A
2127 TENTH AVENUE
VERO BEACH FL 32960**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

11/13/1995

3a. Date of Last Report

4. FET Number

59-3348866

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

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 that of applicant

Signature typed or printed name of new registered agent and that of applicant

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **DEPLANE, EARNEST EDWARD**
STREET ADDRESS **1701 A-1-A, SUITE 207**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **VD** ☐ DELETE

NAME **GIANNOLA, SAM**
STREET ADDRESS **1701 A-1-A, SUITE 207**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **STD** ☐ DELETE

NAME **DEPLANE, PAULA ANN**
STREET ADDRESS **1701 A-1-A, SUITE 207**
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Paula Delaplane
Paula Delaplane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 407 231-7809

Date Telephone

CR2E034 (12/95)