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Mar 25 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 # P95000087418 (6)

1. Corporation Name
TRANS-SAM OF VERO BEACH, INC.



Principal Place of Business
1701 A-1-A, SUITE 207
SUITE 202
VERO BEACH FL 32963
US

Mailing Address
1701 A-1-A, SUITE 207
SUITE 202
VERO BEACH FL 32963-2206
US

3. Date Incorporated or Qualified
11/13/1995

3a. Date of Last Report
05/01/1996

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3348866	Applied For Not Applicable
22. State, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
25. Country	29. Country		
30. Country			

9. Name and Address of Current Registered Agent
DEPLANE, EARNEST E
1701 A-1-A
SUITE 202
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 included 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 a 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: E.E. Delaplane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3-19-97 (805)298-8845

CR2E034 (9/96)