Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90110 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000087418

Corporation Name

TRANS-SAM OF VERO BEACH INC

THANS-S	SAM OF VERO BEACH, INC	•					į					
Principal Place	e of Business		ailing Address				1		Elli Belil	68 (8) (8	HI (BBA) DI	
1701 A-1-A. SU			01 A-1-A. SUITE 207									
SUITE 202 SUITE 202							DO NOT WE	TC IN	TUICC	DACE		
VERO BEACH FL 32963 VERO BEACH FL 32963 US							Do NOT WR		Inio S	PACE		
US		Uč	•				3.	11/13/1995				İ
2 Principal Pi	ace of Business		. Mailing Address	-			4.	FEI Number			$\Box \Box$	Applied For
21	333 51 222333	26	.					59-3348866	•			Not Applicable
			Suite, Apt. #, etc.	tc.				Certifcate of Status Desired				Additional
27								Certificate of otatos position	<u> </u>		Fee	Required
City & State			- City & State				6.	Election Campaign Financing		-		May Be
23			Zip Country -				╁	Trust Fund Contribution				d to Fees
Zip	Country	29	Zip	30	ria y	•	8.	This corporation owes the cur Personal Property Tax.	rent ye		gible ∐Yes	X No
24	9. Name and Address of Curren		stered Agent	[30]	Γ_		10.	Name and Address of New	Regist			
	5. Hallo dija Hadicao o. Oaltoi.		<u></u>		81	Name		<u></u>				
DEL	aplane, earnest e				82	Street Addre	se (D	2.O. Box Number is Not Accept	ahle)	_		
'1701 A-1-A				02	Stiect Addic	i) ¢6:						
SUITE 202				83								
VERO BEACH FL 32963				84	City					85 Zi	Code	
					li					<u>FL</u>		
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 6	607,1508, Florida Statut da, Such change was a	es, the at uthorized	bove I bv	e-named corpo the corporation	ration n's bo	n submits this statement for the pard of directors. I hereby acce	purpo pt the a	se ot cl appoint	nanging i ment as	ts registered registered
agent. I a	m familiar with, and accept the obliga-	tions of	, Section 607.0505, Flo	rida Statu	utes			·		•	•	}
SIGNATÜRE	Signature, typed or printed name of registered agen	4 a a el 4/8/o	if annihable (NOT)	Decistand	Agen	nt signature required	when r	remetation)	DA	ΤĒ		}
12.	OFFICERS AN			13.	/-go,	it organico		ADDITIONS/CHANGES TO O	FICER	RS AND	DIREC	FORS IN 12
TITLE	PD		☐ DELETE	1.1 717	īLE.						☐ Chang	
NAME	DELAPLANE, EARNEST EDWA	RD		1.2 NA	ME							ļ
STREET ADDRESS	1701 A-1-A, SUITE 207			1.3 ST	REET	TADDRESS						į.
CITY-ST-ZIP	VERO BEACH FL 32963	_		1.4 CI	TY-S	T-ZIP	_					
TITLE	STD		☐ DELETE	2.1 TI	TLE			,			Chang	e 🗀 Addition
NAME	DELAPLANE, PAULA ANN			2.2 N	WE			•				
STREET ADDRESS	1701 A-1-A, SUITE 207			2.3 ST	REET	TADORESS						
CITY-ST-ZIP	VERO BEACH FL 32963			2.4 C		T-ZIP						
TITLE ! -			~ · · □·DELETE	3.1 TI		1		· · · · · · · · · · · · · · · · · · ·	ï		☐ Chang	e 🗌 Addition
NAME				3.2 NA		į						Į
STREET ADDRESS						TADDRESS]
CITY-ST-ZIP			☐ DELETE	3.4. C 4.1 TT		ST-ZIP					Chang	e Addition
TITLE				1		\						
NAME				4.2N		TADDDECC						
STREET ADDRESS				4.3 5	KEE	TADDRESS						
CITY-ST-ZIP TITLE				4 4 6 7	- ·	1-ZIP I						I
			∏ DELETE	4.4 CI							Chang	e Addition
	710		☐ DELETE	4.4 CI 5.1 TI 5.2 N	πE		_				☐ Chang	e Addition
NAME		<u>_</u>	☐ DELETE	5.1 T/I 5.2 N/	TLE						Chang	e Addition
NAME STREET ADDRESS			☐ DELETE	5.1 T/I 5.2 N/	TLE VME TREET	T ADDRESS					Chang	e Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	5.1 T/I 5.2 NA 5.3 ST	TLE VME TREET TY-S	T ADDRESS					☐ Chang	
NAME STREET ADDRESS				5.1 T/I 5.2 N/ 5.3 ST 5.4 C/I	TLE VME TREET TY-S'	T ADDRESS						

CITY-ST-ZIP ! " 14. I hereby certify that the information surplied 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 amual 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 accepter of trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or or the attachment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS