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FILED

Mar 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000011418 (6)

1. Corporation Name
TRANZLOR, INC.

Principal Place of Business

5684-06 ARBOR CLUB WAY
C/O LORRAINE CARDILLO
BOCA RATON FL 33433

Mailing Address

5684-06 ARBOR CLUB WAY
C/O LORRAINE CARDILLO
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1996

4. FEI Number

65-0628853

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 560406 Arbor Club Way

Suite, Apt. #, etc.

22 c/o Lorraine Cardillo

City & State

23 Boca Raton FL

24 Zip 33433

25 Country USA

2a. Mailing Address

26 560406 Arbor Club Way

Suite, Apt. #, etc.

27 c/o Lorraine Cardillo

City & State

28 Boca Raton FI

29 Zip 33433

30 Country USA

9. Name and Address of Current Registered Agent

CARDILLO, LORRAINE J
5684-06 ARBOR CLUB WAY
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

CARDILLO, LORRAINE J

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

560406 Arbor Club Way

83

84 City

Boca Raton

FL

85

Zip Code 33433

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

Lorraine Cardillo

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/15/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CARDILLO, LORRAINE
STREET ADDRESS 5684-06 ARBOR CLUB WAY
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 PD ☒ Change ☐ Addition

1.2 NAME CARDILLO, LORRAINE
1.3 STREET ADDRESS 560406 Arbor Club Way
1.4 CITY-ST-ZIP Boca Raton, FI 33433

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 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:

Lorraine Cardillo

3/15/98

561-391-5979

CP2E034 (10/97)