

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000075912

1. Corporation Name

TRANSEASTERN PROPERTIES OF ORLANDO, INC.

Principal Place of Business

3300 UNIVERSITY DR
CORAL SPRINGS FL 33065

Mailing Address

3300 UNIVERSITY DR
CORAL SPRINGS FL 33065

FILED
Feb 13, 1999 8:00am
Secretary of State

02-13-1999 90010 045 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1996

4. FEI Number

65-0700518

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 the current year Intangible
Personal Property Tax.



Yes

No

9. Name and Address of Current Registered Agent

KINSEY, JOHN PA.
2300 CORPORATE BLVD.
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
FALCONE, ARTHUR
STREET ADDRESS
3300 UNIVERSITY DR
CITY-ST-ZIP
CORAL SPRINGS FL 33065

TITLE ☐ DELETE

NAME
CUCCI, PHILIP
STREET ADDRESS
3300 UNIVERSITY DR
CITY-ST-ZIP
CORAL SPRINGS FL 33065

TITLE ☐ DELETE

NAME
FALCONE, EDWARD
STREET ADDRESS
3300 UNIVERSITY DR
CITY-ST-ZIP
CORAL SPRINGS FL 33065

TITLE ☐ DELETE

NAME
DIFIORE, CORA
STREET ADDRESS
3300 UNIVERSITY DRIVE
CITY-ST-ZIP
CORAL SPRINGS FL

TITLE ☐ DELETE

NAME
EISNER, NEIL
STREET ADDRESS
3300 UNIVERSITY DRIVE
CITY-ST-ZIP
CORAL SPRINGS FL

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)