

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90214 010 ***158.75

0194627

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P97000007334**

1. Corporation Name:

TRANSNATIONAL CAPITAL & DEVELOPMENT CORPORATION

Principal Place of Business

**2805 FREEMAN STREET
COCONUT GROVE FL 33133**

Mailing Address

**2805 FREEMAN STREET
COCONUT GROVE FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1997

4. FEI Number

65-0722392

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

**CLARK, PAUL D
2805 FREEMAN STREET
COCONUT GROVE FL 33133**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

Paul D. Clark

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **CLARK, PAUL D**
STREET ADDRESS **2805 FREEMAN ST**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **TD** ☒ DELETE

NAME **HUNTER, WILLIAM A**
STREET ADDRESS **2805 FREEMAN ST**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **SD** ☐ DELETE

NAME **PETTIT, MARTIN T**
STREET ADDRESS **2805 FREEMAN ST**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

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

**TSD
MARTIN T. PETTIT
2805 FREEMAN STREET
COCONUT GROVE, FL 33133**

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:

Paul D. Clark **4/29/99** **305-860-123**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

6