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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000065911 (4)**

TRANSLIGHT CORP.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

Principal Place of Business	N
9850-2 SAN JOSE BLVD JACKSONVILLE FL 32257	

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

9850-2 SAN JOSE BLVD JACKSONVILLE FL 32257

FILED Jan 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

 Date incorporated or Qualified 07/28/1997

5. Certificate of Status Desired

6. Election Campaign Financing

23			28						Tru	ist Fund	Contribut	tion		Adde	ed to	Fees
Zìp		Country	Zip		L Cou	ıntry			8. Thi	is corpor	ation owe	es or has p	paid the cu	ırrent year		
24		25	29		30							ax due Jur		Yes_	V	No
Name and Address of Current Registered Agent							1	0. Na	me and	Address	of New F	legistered	Agent			
	eper, rich					81	Name	4 vi	UT	1	21CH	ARD	A			
		ey Rd., Suite 350				82	Street Add	dress	(P.O.	Box Nun	nber is N	ot Accepta	abie)			
J.A	icksonvil	LE-FL 32257	,				985	50	<u> </u>	S14	NJ	dse	BLV	<u>D</u>		
						83										
						84	City				 			85 Z	in Co	nde
							IAC	450	NV	WE			FI	<u>.</u> ~ 3	p Co	57
11. Pursuant	to the provisi	ons of Sections 607.0502 But, or both, in the State of the and accept the obligati	and 607, 1508	, Florida Statut	es, the a	-evod	named co	rpora	tion su	ibmits th	is statem	ent for the	purpose	of changing	g its r	registered
agent. I a	ım familiar s vi	it, and accept in pobligati	ors of Section	-607.0505, Flo	orida Sta	tutes.	ine corpor	allori	s boar	a or ane	C1013. 1 11	creby acc	ebi ille ab	positivient	as 16	gistered
SIGNATURE	$-\mathcal{L}$	charlet i	\mathcal{A}													
	Signature, types		ing (i) if applicab	ie. (NOTI		d Agent	signature req	uired w					DATE			
12.	DD	OFFICERS AND	DIRECTORS	Lactor	13.				ADD	IT:ONS/	CHANGE	S TO OFF	ICERS AN	D DIRECT		
TITLE	PD	ED CEODOE		DELETE	1.1 TI									L Chang	е	Addition
NAME		ER, GEORGE			1.2 N		-									
STREET ADDRESS		EAUCLERC TERR.				TREET A										
CITY-ST-ZIP		ONVILLE FL 32257				TY-ST-	ZIP							F		
TITLE	VDST	51011155		DELETE	2.1 Ti	TLE								∐ Chang	e ;	Addition
NAME		RICHARD			2.2 N	AME										
STREET ADDRESS		ORNINGTON DR.			2.3 \$	TREET A	DDRESS									
CITY-ST-ZIP	JACKS	ONVILLE FL 32257	·			ITY-ST	- ZIP							7-1		
TITLE				DELETE	3.1 Ti	TLE								Chang	e i	Addition
NAME					3.2 N	AME										
STREET ADDRESS					3.3 S	treet ai	DORESS									
CITY-ST-ZIP					3.4. 0	ITY-ST	- ZIP									_
TITLE				□ DELETE	4.1 Ti	TLE								Chang	e į	Addition
NAME					. 4.2 N	IAME										
STREET ADDRESS					4.3 S	ireet ai	DDRESS									
CITY-ST-ZIP					4.4 CI	TY-ST-	ZIP									
TITLE				☐ DELETE	5.1 TI	TLE								L Chang	e [Addition
NAME					5.2 N	AME										
STREET ADDRESS					5.3 S	TREET A	DDRESS									
CITY - ST - ZIP					5.4 C	TY-ST-	ZIP									
TITLE				DELETE	6.1 TI	TLE				-	-			Chang	e]	Addition
NAME					6.2 N	AME										
STREET ADDRESS					6.3 \$	REET A	DORESS									
CITY-ST-ZIP						TY-ST-										
14. I hereby c	certify that the	information supplied with	this filing do	es not quality fo	r the exe	emptic	n stated i	n Sec	tion 11	19.07(3)(i), Florida	Statutes.	I further o	ertify that t	he in	formation

Thereby cearly that the information supplied with this fining does not quality for the exemption state in Testion 1787. Origin, root of the corporation or suppliemental 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: MOXIN KAUSTURE GEORGE! FH. KOESTER PRES 12-31-97 904 288-0070