**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000054664

TRANSMISSION PRODUCTS OF LATIN AMERICA, INC.

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90111 039 \*\*\*150.00



Principal Place of Business Mailing Address							F \$60(1804 IIIO (0187 103)) \$6)); 00))) EDILI DATA	- Ribit Ribit Bills	Alti Ofbi tabl		
4739 TRANSPORT DRIVE BLDG. #5 4739 TRANSPORT DRIVE E TAMPA FL 33605 TAMPA FL 33605					LDG. #5						
TORREST E SOON								DO NOT WRITE IN THIS SPACE			
								<ol> <li>Date Incorporated or Qualifed</li> <li>06/18/1998</li> </ol>			
2. Principal Place of Business 2a. Malling Address								4. FEI Number	Ар	plied For	
21 26			· -					59-3518089	No	t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				1	5. Certificate of Status Desired .	\$8.75		
22							_ ــــــــــــــــــــــــــــــــــــ	5. Certificate of Status Desired	Fee Re	equired -	
City & State			City & State			}	6. Election Campaign Financing	\$5.00	May Be		
23 28								Trust Fund Contribution Added to Fees			
Zip					1 50			8. This corporation owes the current year in			
24					0			Personal Property Tax.			
	ent Regis	tered Agent		10. Name and Address of New Registered Agent							
HORSON BETER I					81 Name						
HOBSON, PETER J 606 EAST MADISON STREET					82 Street Address (P.O. Box Number is Not Ac			s (P.O. Box Number is Not Acceptable)			
TAMPA FL 33602											
I WANT	FA FE 33002				83					į	
	`				84	City		FI FI	85 Zip (	Code	
44 Pursuant i	02 and 6	07.1508, Florida Statut	es, the a	bove	-named o	corpor	ation submits this statement for the purpose of	f changing its	registered		
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 A			13.				ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	
TITLE	P DELETE 131			1.1 11	TLE.		VP	<b>)</b>	Change	☐ Addition	
NAME	TAYLOR, WILLIAM C				1.2 NAME					l	
STREET ADDRESS 4739 TRANSPORT DRIVE BLDG. 5				1.3 \$	1.3 STREET ADDRESS					{	
CITY-ST-ZIP	TAMPA FL 33605			1.4 C	TY-SI	T- ZIP					
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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: