

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

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90127 026 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P98000103034**

1. Corporation Name
TRANS PICO, INC.



Principal Place of Business
 1900 GLADES RD., STE. 101
 BOCA RATON FL 33431

Mailing Address
 1900 GLADES RD., STE. 101
 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/10/1998

4. FEI Number
65-0880065

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 **5401 N.W. 15th AVE.**

2a. Mailing Address
 26 **21218 ST. ANDREWS BLVD.**

22 Suite, Apt. #, etc.
 27 **# 506**

23 City & State
FT. LAUDERDALE, FL

28 City & State
BOCA RATON, FL

24 Zip **33309** 25 Country **USA** 29 Zip **33433** 30 Country **USA**

9. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
 81 Name **PAUL N. LEVEILLE**
 82 Street Address (P.O. Box Number is Not Acceptable)
1900 GLADES RD.
 83 **SUITE 101**
 84 City **BOCA RATON** FL 85 Zip Code **33431**

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 Leveille* **PAUL LEVEILLE** **1/19/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P ROBERT LUDLAM
STREET ADDRESS		1.3 STREET ADDRESS	5401 NW 15th AVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	T JOSEPH MOLNAR
STREET ADDRESS		2.3 STREET ADDRESS	5401 NW 15th AVE.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	S PAUL LEVEILLE
STREET ADDRESS		3.3 STREET ADDRESS	1900 GLADES RD, SUITE 101
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Leveille* **PAUL LEVEILLE, SECTY** **1/19/99** **561-447-4013**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/1998)