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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # S16561

1. Corporation Name



DIVISION OF CORPORATIONS

## FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

## **FILED** Feb 21, 1999 8:00 am Secretary of State 02-21-1999 90029 010 \*\*\*150.00



TRANSMISSION DEPOT, INC.							
Principal Place of Business	Mailing Address						
460 EAST COPANS RD.	460 EAST COPANS RD.						
POMPANO BEACH FL 33064	POMPANO BEACH FL 3	33064			DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed 12/03/1990		
	2a. Mailing Address				4. FEI Number		ied For
2. Principal Place of Business	2a. Mailing Address				65-0231746		Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>\$8.75</b> Ad Fee Requ	
_	27	_			<u> </u>		
City & State	City & State				6. Election Campaign Financing	<b>\$5.00</b> M Added to	
23	28				Trust Fund Contribution		
Zip Country	Zip	$\overline{}$	ountry		8. This corporation owes the current year	Yes [	⊒No Ì
25	29	30			Personal Property Tax.  10. Name and Address of New Registers	ed Agent	
9. Name and Address of Curren	nt Registered Agent		81	Name	10. Name and Access to		
AUGDEONANI JANICE			- ! i	•			
LIEBERMAN, JANICE 460 EAST COPANS RD.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
POMPANO BEACH FL 33064			83				
PUMPANO BEACTITE 33004						85 Zip C	ode
			l i	City	F	- <b>i</b> L   }	
					aretion submits this statement for the purpose	of changing its r	registered
The stations of Sections 607 050	ივ and 607.1508. Florida ა	tatutes, tne	above-	-nameo corp	oration submits this statement to the propert the an		
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations.	ations of, Section 607.0505	, Florida St	tatutes.				
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I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(3)(i), Fiorida 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 chapted, or on an attachipent with an address, with all other like empowered.

SIGNATURE:

12 - 31 - 98 95 4781 5500 Date Datine Plone #