FHLE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCU 1. Corporation	

S84854

(6)

TRANSAMERICA COMMUNICATIONS, INC.



Principal Place of Business Mailing Address		- 1 JBBIIBKB IBI KAKII BRADI IBIBA BOIIN I	TIBA BIBIN BABIN I	UISII OIBII DI	Off Billio 18-01			
·		2103 N.W. 60TH CIRC	16					
2103 N.W. 60T BOCA RATON		BOCA RATON FL 334						
BOOM HATOM TE WHO					3. Date incorporated or Qualified 3a. Date of Last Re 10/03/1991 04/19/199			
. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 65-0300391		L	pplied For ot Applicable
Suite, Apt. #:		26		5. Certificate of Status Desired			Additional equired	
27					6. Election Campaign Financing		-	May Be
City & State		Orty & State		Trust Fund Contribution			to Fees	
7in	Country Zip Country			8. This corporation has liability for intangible tax under s. 199.032,				
Zip Gountry 29 ₁			• [7]		Florida Statutes			
L	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New H	egistered A	gent	
			18	1 Name				
TRUST, I			iress (P.O. Box Number is Not Acceptab	ole)				
	V. 60TH CIRCLE		[E	3				
BOCA R	ATON FL 33496						85 Zır	Code
				Gity	oration submits this statement for the purery of directors. I hereby accept the app	FL	1-1	
12.	Signature, typed or printed name, or registred a jer OFFICERS AN	NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			
	OFFICERS AN	NO DIRECTORS			ADDITIONS/CHANGES TO OF		Change	Addition
ITLE	D	DELETE	1 13il 12 NAI			_	_	
IAME	TRUST, FREDERICK E. 2103 N.W. 60TH CIRCLE			EET ADDRESS				
TREET ADDRESS	BOCA RATON FL			Y - ST - ZIP				
HILE	D	DELETE	2 1 TH	ıf		Ĺ	Change	Addition
NAME	TRUST, EMILY		2.2 NA	ME				
STREFT ADDRESS	2103 N.W. 60TH CIRCLE		ľ	REET ADDRESS				
CITY - \$1 - ZIP	BOCA RATON FL	□ DELETE	2 4 CiT	Y - ST - ZIP]	Change	Addition
TITLE	D GILBERT, LEWIS		3 2 NA					
Name Street address	6220 S.W. 5TH STREET		3.3 SI	REET ADDRESS				
CITY-ST-2IF	PLANTATION FL		3.4.01	Y ST-ZIP		 -	Change	Additio
TITLE		DELETE	4 1 7	1		1	Change	L Madric
			42 N	ME				•
NAME.				OCC 1 ADODE CC				
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STREET ADDRESS CITY-ST-ZIP THLE		DELETE	4.3 ST 4.4 CI	TLE			☐ Change	Addition
STREET ADDRESS City-ST-ZIP		☐ DELETE	5 1 1 5 2 N	TLE			☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.3 ST 4.4 CI 5.11 5.2 N/ 5.3 S 5.4 C/ 5.1 6.2 N	IY-SI-ZIP TLE AME REEL ADORESS TY-SI-ZIP TILE AME				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELFTE	43.51 44.01 5.11 5.2N 5.3S 5.40 5.11 6.2N	IY-SI-ZIP TLE MAF REEL ADDRESS TY-SI-ZIP TITLE AME THEEL ADDRESS	fy for the exemption stated in Section 1 surate and that my signature shall have t		☐ Change	Additio

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 12 or graded, or or an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-241-6515