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May 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S84854 (6)

1. Corporation Name
TRANSAMERICA COMMUNICATIONS, INC.

Principal Place of Business

2103 N.W. 60TH CIRCLE
BOCA RATON FL 33496

Mailing Address

2103 N.W. 60TH CIRCLE
BOCA RATON FL 33496-2648

3. Date Incorporated or Qualified
10/03/1991

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

21 11815 Rogers Circle

Suite/Apt. #, etc.
33

22 City & State
Boca Raton FL

23 Zip
33487

24 Country
USA

2a. Mailing Address

26 11815 Rogers Circle

Suite/Apt. #, etc.
33

27 City & State
Boca Raton FL

28 Zip
33487

29 Country
USA

4. FEI Number
65-0300391

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TRUST, FREDERICK E.
2103 N.W. 60TH CIRCLE
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 AND DIRECTORS

TITLE D ☐ DELETE

NAME TRUST, FREDERICK E.
STREET ADDRESS 2103 N.W. 60TH CIRCLE
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE

NAME TRUST, EMILY
STREET ADDRESS 2103 N.W. 60TH CIRCLE
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE

NAME GILBERT, LEWIS
STREET ADDRESS 6220 S.W. 5TH STREET
CITY-ST-ZIP PLANTATION FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Fred Trust* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/97

Date

561-241-6515

Daytime Phone #

CR2E034 (9/96)