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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 11:44

DOCUMENT # **V21157** **(5)**

1. Corporation Name
TRANSAMERICAN ENVIRONMENTAL, INC.

Principal Place of Business	Mailing Address
3800 N 29TH AVE HOLLYWOOD FL 33020	3800 N 29TH AVE HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1992
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business
21: 216 W. Hemingway Circle
22 Suite, Apt. #, etc:
23 City & State: Margate FL
24 Zip: 33063
25 Country:

2a. Mailing Address
26: P.O. Box 636698
27 Suite, Apt. #, etc:
28 City & State: Margate, FL
29 Zip: 33063-6698
30 Country:

4. FEI Number: 65-0326283 ☐ 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

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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. N/A

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	CSD MERAN, HARRY B 621 NW 53 STR, STE 120 BOCA RATON FL	Delete	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	PD Tom FATJO, JR. 314 N. Post Oak Lane Houston, TX 77024	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD BRADLEY, JOHN H. 314 N. POAST OAK LANE HOUSTON TX	Delete	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	VTSD LANCE C. REND 314 N. Post Oak Lane Houston, TX 77024	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VSD HALL, JOHN R 314 NO POST OAK LN HOUSTON TX	Delete	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	DV Tom FATJO, III 314 N. Post Oak Lane Houston, TX 77024	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VC CULPEPPER, CHARLES E. 3800 NO 29 AVE HOLLYWOOD FL	Delete	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VS FOHN, KAREN R. 314 N. POST OAK LANE HOUSTON TX	Delete	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP			61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

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)(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 addition.

SIGNATURE: _____ 6/7/95 (713) 956-1212
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0001300 CP