


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

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name V62759 AMMENDED		DO NOT WRITE IN THIS SPACE	
TRANSMILLENNIAL RESOURCE CORPORATION		3. Date Incorporated or Qualified 09/08/1992	
Principal Place of Business 8488 W.HILLSBOROUGH AVE STE 201 TAMPA FL 33615 US		Mailing Address 8488 W.HILLSBOROUGH AVE STE 201 TAMPA, FL 33615 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent BROES, CHARLES 4914 E. LONGBOAT BLVD. TAMPA, FL 33615		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 Zip	
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's signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP CEO BROES, CHARLES 4914 E. LONGBOAT BLVD TAMPA, FL 33615		1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP VP/D BROES, TAINA 4914 E. LONGBOAT BLV TAMPA, FL 33615	
1.2 TITLE NAME STREET ADDRESS CITY - ST - ZIP DELETE		1.2 TITLE NAME STREET ADDRESS CITY - ST - ZIP DELETE	
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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 contained 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: <i>Charles Broes</i> CHARLES BROES CEO 6/20/98 813-855-7177			