

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 PM 9:51

DOCUMENT # **V67674** (4)

1. Corporation Name
TRANSYS CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

900 WINDERLEY PLACE
200
MAITLAND FL 32751
US

Mailing Address

900 WINDERLEY PLACE
200
MAITLAND FL 32751
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/28/1992** 3a. Date of Last Report **05/17/1994**

4. FEI Number **59-3147868** 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

6. This corporation has liability for intangible tax under 5 199.032, Florida Statutes Yes No

2. Principal Place of Business

21. **1162 Hollow Pine Dr.**

2a. Mailing Address

26. **1162 Hollow Pine Dr.**

22. Suite Apt. #, etc

27. Suite, Apt. #, etc

23. City & State

Oviedo, FL

27. City & State

Oviedo, FL

24. Zip **32765** 25. Country **US**

29. Zip **32765** 30. Country **US**

9. Name and Address of Current Registered Agent

**STAVROS, DANIEL P
1165 HOLLOW PINE DR
OVIEDO FL 32765**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box No. may be used as applicable) **1162 HOLLOW PINE DR.**
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 *Daniel P Stavros* **DANIEL P STAVROS** **4/27/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **STAVROS, DANIEL P.**
STREET ADDRESS **1162 HOLLOW PINE DR**
CITY, ST, ZIP **OVIEDO FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE **VD**
NAME **STAVROS, DEBORAH J.**
STREET ADDRESS **1162 HOLLOW PINE DR**
CITY, ST, ZIP **OVIEDO FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 107, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document, or my appointment with an address.

SIGNATURE: *Daniel P Stavros* **DANIEL P. STAVROS** **4/27/95** **407-160-0343**