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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

The Tranny Shoppe, Inc.

Principal Place of Business

Mailing Address

11690 Walsingham Rd.

10832 54th Ave. N.

APPROVED
AND
FILED

97 AUG -7 AM 10: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Units 20-23 St. Petersburg, FL										
Largo, FL 33778 33708							3. Date Incorporated or Qualified 3a. Date of Last Report 09/01/92			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		Applied For	
21			11				65-0359886	65-0359886 Not Applicab		
Suite, Apt.	#. etc.	27 Sui	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9		City & State				6. Election Campaign Financing	\$5	.00 May Be	
23			. Peter				Trust Fund Contribution		lded to Fees	
Zip	Country	Zip			Countr	•	8. This corporation has liability for i		der s. 199.032,	
24	25		3708	30	USZ	<u> </u>		Yes No		
	9. Name and Address of Co	irrent Registere	d Ageni				10. Name and Address of New Re	gistered Agent		
Jonatha	an Aldrich-Ame	8			61	Name				
	4th Avenue N.	•			82 Street Address (P.O. Box Number is Not Acceptable)					
	ersburg, FL	33708								
JC. PC	cersoury, ru	33700			63	3				
					B4	City		85	Zip Code	
						0.09		FL °°	zip cooe	
11. Pursuant I office or reagent. I as	enistered agent, or both, in the S m (amiliar with, and accept the c	C.0502 and 607.1 Stale of Florida, Sobil gations of, Se	Such change was ction 607.0505, F	authoi Iorida	rized b Statute	y the corpor es.	rporation submits this statement for the patients board of directors. I hereby acceptions	urpose of chang of the appointmen	ing its registered nt as registered	
SIGNATURE	Signalus Types or printed name of registers	en agest and libe if app	ilicab (NO	II Rege	stered Aç	ent signature req	juited when reinstaling)	DATE		
12.		S AND DIRECTOR	RS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	CTORS IN 12	
TITLE	PST		☐ DELETE	1	I 1 TITLE			Chá	inge 🔲 Addition	
NAME	Jonathan Aldr:		3	1	2 NAME					
STREET ADDRESS	10832 54th Av			1	I.3 STREE	T ADDRESS				
CITY-ST-ZIP	St. Petersburg	g, FL	33708	1 1	4 CITY-	ST-2IP				
TITLE			DELETE	2	1 TITLE			☐ Cha	-	
NAME				2	2 NAME	-	700002 -08/1	2643	57	
STREET ADDRESS				2	3 STREE	T ADDRESS	-08/13	2/97010	040004	
CITY-ST-ZIP				2	4 CITY	S1-ZIP	****	165.00 *	***165.00	
TITLE			DELETE	3	3.1 TITLE			☐ Cha	inge Addition	
NAME				3	3 2 NAME					
STREET ADDRESS				3	3 STREE	1 ADDRESS				
CITY-ST-ZIP					4. CITY-	ST-ZIP				
TITLE	-		DELETE	1	1 1 TITLE			☐ Cha	inge 🔲 Addition	
NAME				4	. 2 NAME	:				
STREET ADDRESS				4	3 STREE	1 ADDRESS				
CITY-ST-ZIP				14	1.4 CITY -	ST-ZIP				
TITLE			DELETE	5	.1 TITLE			☐ Cha	inge 🔲 Addition	
NAME				5	5.2 NAME					
STREET ADDRESS				5	3 STREE	1 ADDRESS				
CITY-ST-ZIP				!	.4 CITY -	ST-ZIP	l law			
TITLE			DELETE	€	1 TITLE	,	(V) &\	☐ Cha	inge 🔲 Addition	
NAME				6	2 NAME	•	Dr.			
STREET ADDRESS				6	3 STREE	1 ADDRESS	Γ			
CITY-ST-ZIP				6	S.4 CITY-	ST-ZIP				
informatio	n indicated on this annual repor	For supplementa	il annufil report is r or trustee empor	true ar wered	nd acc	urate and th	ed in Section 119.07(3)(i), Florida Statutes at my signature shall have the same lega ort as required by Chapter 607, Florida S	Leffect as if mad	e under oath, the	

SIGNING OFFICER OR DIRECTOR