


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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000007227 (7)
 1. Corporation Name
TRANSCONTINENTAL OVERSEAS ENGINEERING, CO.

Principal Place of Business 325 LUCAS CREEK ROAD NEWPORT NEWS VA 23602 US	Mailing Address 325 LUCAS CREEK ROAD NEWPORT NEWS VA 23602 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/19/1996	
21		26		4. FEI Number NOT APPLICABLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HART, DAVID J 100 N. BISCAYNE BLVD. #1717 MIAMI FL 33132				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PM	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	MULAMBA, DONAITEN W KABASEL	1.2 NAME	MULAMBA, DONAITEN WA KABASELE
STREET ADDRESS	325 LUCAS CREEK ROAD	1.3 STREET ADDRESS	325 LUCAS CREEK ROAD
CITY-ST-ZIP	NEWPORT NEWS VA 23602	1.4 CITY-ST-ZIP	NEWPORT NEWS, VA 23602
TITLE	VTS	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MULAMBA, THERESE K	2.2 NAME	
STREET ADDRESS	325 LUCAS CREEK ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT NEWS VA 23602	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SHIWALA, JEAN	3.2 NAME	
STREET ADDRESS	AVENUE DES OISEAUX #6	3.3 STREET ADDRESS	
CITY-ST-ZIP	MACAPAGNE KINSHASA ZAIRE	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	RIER, DAVID	4.2 NAME	
STREET ADDRESS	PO BOX 1433 NA	4.3 STREET ADDRESS	
CITY-ST-ZIP	MORGANTOWN WV 26507	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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:  APR 9, 1998

CR2E034 (10/97)