

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

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Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90049 027 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000006680

1. Corporation Name
TRANSATLANTIC GROUP-DELAWARE INC.

Principal Place of Business 4000 ISLAND BLVD. NORTH MIAMI BEACH FL 33160	Mailing Address C/O EDDIE TRUMP 4000 ISLAND BLVD. NORTH MIAMI BEACH FL 33160
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DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified 12/15/1994	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0445090	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., #105
TALLAHASSEE FL 32301

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	CT	
NAME	TRUMP, JULIUS	
STREET ADDRESS	4000 ISLAND BLVD.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	P	
NAME	TRUMP, EDDIE	
STREET ADDRESS	4000 ISLAND BLVD.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	VPS	
NAME	LIEB, JAMES M.	
STREET ADDRESS	C/O THE TRUMP GROUP 4000 ISLAND BLVD.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE	D	
NAME	SMITH, ROBERT	
STREET ADDRESS	20 ADELAIDE ST., E., #200	
CITY-ST-ZIP	TORONTO CANADA M5C 2T6	
TITLE	D	
NAME	VAN RIEMSDIJK, GERRIT	
STREET ADDRESS	BAHN STRASSE 41	
CITY-ST-ZIP	9494 SCHAAN, LEICHTENSTEIN	
TITLE	AVP	
NAME	TORPEY, CARITE	
STREET ADDRESS	C/O TRUMP GROUP, 4000 ISLAND BLVD	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME	Chairman		
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	Chairman		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	Exec. Vice President		
3.2 NAME	Secretary; Treasurer		
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
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, with all other like empowered.

SIGNATURE: *Carite I. Torpey* (732) 390-9400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Carite I. Torpey, Assistant Vice President
 Date: 3/19/99 Daytime Phone #

CR2E034 (1-1/98)