

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murphree
Secretary of State
Division of Corporations

APPROVED
AND
FILED

MAY 1 1995 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L41187** (0)

1. Corporation Name
TRANS ATLANTIC BUSINESS NETWORK INC.

DO NOT WRITE IN THIS SPACE

2. Principal Office Location: **C/O EDWARD A. ATTIA, P.O. BOX 4932, CLEARWATER FL 34618**
3. Mailing Address: **C/O EDWARD A. ATTIA, P.O. BOX 4932, CLEARWATER FL 34618**

3. Date incorporated (or assumed): **01/05/1990**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **65-0170095**
Applied For: Not Applicable
5. Certificate of Status Issued: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under § 199.137 Florida Statutes: Yes No

2. Principal Office Location: **21**
2a. Mailing Address: **26**
22. State: **27**
23. City & State: **28**
24. City: **29** County: **30**

9. Name and Address of Current Registered Agent
**ATTIA, EDWARD A.
2133 SANDPIPER DRIVE
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Numbers Not Acceptable):
83.
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.02 and 607.03, Florida Statutes, this 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 changes are authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and understand the obligations of a registered agent under Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

FILE	D
NAME	ATTIA, EDWARD A.
STREET ADDRESS	2133 SANDPIPER DR.
CITY	CLEARWATER FL
FILE	
NAME	
STREET ADDRESS	
CITY	
FILE	
NAME	
STREET ADDRESS	
CITY	
FILE	
NAME	
STREET ADDRESS	
CITY	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

FILE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY		
FILE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	Kamal Atia	
STREET ADDRESS	2133 Sandpiper Drive	
CITY	Clearwater, FL 34624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
FILE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	Amy Attia	
STREET ADDRESS	2133 Sandpiper Dr.	
CITY	Clearwater, FL 34624	<input type="checkbox"/> Change <input type="checkbox"/> Add
FILE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY		
FILE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY		

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 199.02(3) Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that the signatures shall have the same legal effect as if made under oath. This is provided on behalf of the corporation or the person or persons empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: **EDWARD A. ATTIA** *[Signature]* **April 29, 1995** **213-535-6101**