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May 01, 1999 8:00 am  
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05-01-1999 90058 019 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000001836

1. Corporation Name

RUSSIAN TRADE COUNCIL OF FLORIDA, INC.

466256-90058-19

Principal Place of Business

6242 6TH AVE S  
ST PETERSBURG FL 33707

Mailing Address

6242 6TH AVE S  
ST PETERSBURG FL 33707



2. Principal Place of Business

21 407 CENTRAL AVE

Suite, Apt. #, etc.

22 # 204

23 ST. PETERSBURG FL

Zip

24 33701

Country

25 USA

2a. Mailing Address

26 P.O. BOX 2725

Suite, Apt. #, etc.

27

28 ST. PETERSBURG FL

Zip

29 33701

Country

30 USA

3. Date Incorporated or Qualified

04/11/1994

4. FEI Number

59-3227853

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

9. Name and Address of Current Registered Agent

LOCHOW, ALEXANDER  
6242 6TH AVENUE SOUTH  
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name LOCHOW, ALEXANDER  
82 Street Address (P.O. Box Number is Not Acceptable) 407 CENTRAL AVE #204  
83  
84 City ST. PETERSBURG FL 85 Zip Code 33701

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

ALEXANDER LOCHOW

04/24/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LOCHOW, ALEXANDER  
STREET ADDRESS 6242 6TH AVE SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33707

TITLE VPD  
NAME KOLESNTCHENKO, ALEXEY  
STREET ADDRESS 6242 6TH AVENUE SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33707

TITLE D  
NAME GONTEHAROB, ALEXANDER  
STREET ADDRESS 6242 6TH AVE S  
CITY-ST-ZIP ST PETERSBURG FL 33707

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD LOCHOW, ALEXANDER  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS P.O. BOX 2725  
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33701

2.1 TITLE VPD KOLESNTCHENKO, ALEXEY  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS P.O. BOX 2725  
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33701

3.1 TITLE D BONCHAROV, ALEXANDER  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS P.O. BOX 2725  
3.4 CITY-ST-ZIP ST. PETERSBURG, FL 33701

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

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

6.1 TITLE  Change  Addition  
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 617, 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: ALEXANDER LOCHOW 04/24/99 (727) 415-0606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)