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0001481

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90081 025 ***150.00

DOCUMENT # P36810

1. Corporation Name

TRANSATLANTIC BY-PRODUCTS CORP.

Principal Place of Business

POST OFFICE BOX 1044
DARIEN CT 06820

Mailing Address

POST OFFICE BOX 1044
DARIEN CT 06820

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1991

2. Principal Place of Business

21 40 GOLF COTTAGE DR

Suite, Apt. #, etc.

22 NAPLES FL

City & State

23 34105 COLLIER

Zip

Country

24 25

2a. Mailing Address

21 40 GOLF COTTAGE DR SAME

Suite, Apt. #, etc.

22

City & State

23 34105 COLLIER

Zip

Country

24 29 30

4. FEI Number

06-0868190

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NEUMANN, ROY G.
40 GOLF COTTAGE DR
NAPLES FL 34105

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

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 DCP ☐ DELETE
NAME NEUMANN, ROY G.
STREET ADDRESS 230 NEW CANAAN
CITY-ST-ZIP NORWALK CT

TITLE DS ☐ DELETE
NAME NEUMANN, CAROLYN
STREET ADDRESS 230 NEW CANAAN
CITY-ST-ZIP NORWALK CT

TITLE T ☐ DELETE
NAME NEUMANN, ROY G.
STREET ADDRESS 230 NEW CANAAN
CITY-ST-ZIP NORWALK CT

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
STREET ADDRESS 40 GOLF COTTAGE DR.
1.4 CITY-ST-ZIP NAPLES FL 34105

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/99 941-649-6225

CR2E034 (11/98)