Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000077227

1. Corporation Name

Principal Place of Business

TRANSATLANTIC TRUST INC.

33 CIMMARON DRIVE PALM COAST FL 32137		33 CIMMARON DRIVE PALM COAST FL 32137			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
					10/20/1994	
2 Principal Pl	lace of Business	2a, Mailing Address			4. FEI Number Applied	For
21		26			59-3270364 Not App	licable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additio	onal
22	, c.c.	27			5. Certificate of Status Desired - Fee Required	
City & State	e	City & State			6. Election Campaign Financing \$5.00 May	Be
23	_	28			Trust Fund Contribution Added to Fee	
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Intangible	
24	25	29	30		Personal Property Tax.	0
2-7	9. Name and Address of Curre				10. Name and Address of New Registered Agent	
			8	1 Name	•	
OUD	artsev, anatoli			2 Ctroot	Address (B.O. Roy Number is Not Assentable)	
33 CIMMARON DRIVE		82 Street Ac		Street	Address (P.O. Box Number is Not Acceptable)	
PALN	A COAST FL 32137		8	13		
			8	4 City	85 Zip Code	
					FL 183 Zip code	
office or re	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was au	thorized t	y the com	d corporation submits this statement for the purpose of changing its regis poration's board of directors. I hereby accept the appointment as register	red
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE:	Registered A	pent signature	required when reinstating) DATE	_
12.		ND DIRECTORS	13.		The second secon	N 12
TITLE	PTS	DELETE	1.1 TITLE		Change	Addition
NAME	OUDARTSEV, ANATOLI	•	1.2 NAM	E	OTTDARTSEV, ANATOLI	ļ
STREET ADDRESS			13 STR	EET ADDRESS	02 C 1 44 0 0 0 1 1 1 B	
OTTALL TO BE THE COO	CRECIMMARON DRIVE				12 CIM WIN ALCOM	
CITY_ST_7ID	33 CIMMARON DRIVE				35 PAlm Coast, FL, 3213	7
CITY-ST-ZIP	PALM COAST FL	OELETE		-ST-ZIP	Palm Coast, FL, 3213	7 Addition
TITLE	PALM COAST FL T	₹ OELETE	1.4 CITY	-ST-ZIP	TDARTSEVA TATYANA	7 Addition
TITLE NAME	PALM COAST FL T OUDARTSEVA, TATYANA	OELETE	1.4 CITY 2.1 TITLI 2.2 NAM	-ST-ZIP E	TDARTSEVA TATYANA TODARTSEVA TATYANA TODARTSEVA TATYANA	7 Addition
TITLE NAME STREET ADDRESS	PALM COAST FL T OUDARTSEVA, TATYANA 33 CIMMARON DRIVE	▼ OELETE	1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRI	-ST-ZIP E E EET ADDRESS	TDARTSEVA TATYANA 33 Cimmaron DR Palm-Coast FL 32137	7 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PALM COAST FL T OUDARTSEVA, TATYANA 33 CIMMARON DRIVE	•	1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITU 3.2 NAM	-ST-ZIP E E E EET ADDRESS (-ST-ZIP E	TUDARTSEVA, TATYANA TUDARTSEVA, TATYANA 33 Cimmaron DR Palm-Coast, FL, 32137 SOUDARTSEV, SVETLANA 33 Cimmaron DR	7 Addition
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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 chapter, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90036 047 ***158.75