

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

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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000104589 (2)

1. Corporation Name
TRANS ATLANTIC COMMUNICATIONS, INC.



Principal Place of Business
980 NORTH FEDERAL HIGHWAY
SUITE 434
BOCA RATON FL 33432

Mailing Address
980 NORTH FEDERAL HIGHWAY
SUITE 434
BOCA RATON FL 33432-2704

2. Principal Place of Business
21 3951 North Haverhill Rd
Suite, Apt. #, etc.
22 Suite 201
City & State
23 West Palm Beach, FL
Zip
24 33417
Country
25 USA

2a. Mailing Address
26 1730 S. Federal Hwy.
Suite, Apt. #, etc.
27 Suite 250
City & State
28 Delray Beach, FL
Zip
29 33483
Country
30 USA

3. Date Incorporated or Qualified
12/30/1996

3a. Date of Last Report

4. FEI Number
65-0717167

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RUBIN, STEVEN D
980 NORTH FEDERAL HIGHWAY
SUITE 434
BOCA RATON FL 33432

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 *Allen Yeffeth, Pres.* *Allen Yeffeth* 4/16/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D Treasurer	<input type="checkbox"/> DELETE
NAME	AVITABLE, THOMAS	
STREET ADDRESS	3080 NORTH COURSE DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL 33079	
TITLE	D Vice President	<input type="checkbox"/> DELETE
NAME	SELLECCHIA, VINCENT	
STREET ADDRESS	25 ROCKLEDGE AVE. APT. 1107W	
CITY-ST-ZIP	WHITE PLAINS NY 10601	
TITLE	D President	<input type="checkbox"/> DELETE
NAME	YEFFETH, ALLEN	
STREET ADDRESS	2429 ZEDER AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	D Secretary	<input type="checkbox"/> DELETE
NAME	THARP, JAMES	
STREET ADDRESS	6 PINETREE COURT	
CITY-ST-ZIP	VALLEY COTTAGE NY 10989	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Allen Yeffeth* *Allen YEFFETH* 4/16/97 561-683-3228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0006443

CR2E034 (9/96)