FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT #



97 DEC -3 AM 10: 49



Maling Address Principal Office Address 3. Date Formed or Registered Sa. Maling Address 4302 EISENHOWER BLVD. SUITE 380 SUITE 380 TAMPA FL 33634 3. Date of Leaf Report 11/20/1996 5b. 3. Sale or Country of Formation FL 29. Principal Office Address 29. Principal Office Address 29. Principal Office Address 4. State or Country of Formation FL 29. Suite, Apt. 4, nic. 5b. 29. Name and Address of Current Registered Agent EURO AMERICAN MANAGEMENT 4802 EISENHOWER BLVD. 8. Make check payable to: Dopt of State (Se 9. Name and Address of Current Registered Agent EURO AMERICAN MANAGEMENT 4802 EISENHOWER BLVD. 717 728 Address (P.O. Box Number is Night Acceptabilic) Suite 250 City & State 108. Pursuant to the provisions of sections 620 1051 and 620 192. Florids Statutes, the above named finded partnership organized or registered under the laws of the State of to the purpose of charging its registered of scenario of accions for incident o	5a. Capital Contributions as Shown on record. \$4,350,100.00 5b. Amount of Capital Contributions in FLORIDA to date: Applied For Not Applicable \$8.75 Additional Foe Required
Maling Address Principal Office Address 4902 EISENHOWER BLVD. SUITE 380 TAMPA FL 33634 28. Principal Office Address TAMPA FL 33634 29. Principal Office Address TAMPA FL 3650 38. Date of Lest Report Tampa FL TAMPA FL 3660 65-0475623 7. Certificate of Status Desired TOMPO FL TOM	\$4,350,100.00 5b. Amount of Capital Contributions in FLORIDA to date: Applied For Not Applicable \$8.75 Additional Fee Required
4902 EISENHOWER BLVD. SUITE 380 TAMPA FL 33634 TAMPA FL 336	\$4,350,100.00 5b. Amount of Capital Contributions in FLORIDA to date: Applied For Not Applicable \$8.75 Additional Fee Required
28. Principal Office Address 45.50 W. Cypress Suite, Apt. #, etc. Suite 250 City & State Tompo FL 7tp 33607 Country 8. Make check payable to: Dept. of State (So 9. Name and Address of Current Registered Agent EURO AMERICAN MANAGEMENT 4802 EISENHOWER BLVD. 4380 TAMPA FL 33834 10a. Pursuant to the provisions of sections C20 1001 and C20 192, Florida Statutos, the above-named imitted partnership organized or registered under the laws of the State of for the purpose of changing its registered office or registered agent for both, in the State of Florida Such change was authorized by its general partner(s). I hereby accept agent. I am familiar with, and accept the obligations of section 620 high only a Statutes. SIGNATURE (Rogistered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, Limited partnership organized or registered under the Bus MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Name(s) of General Partner(s) 11b. City, State & Zip Code 11	Applied For Not Applicable \$8.75 Additional Foe Required
Suite, April, 4, etc. Suite, 250 City & State Zip 33607 Country 33607 Suite, April, 4, etc. Zip 33607 Country B, Name and Address of Current Registered Agent EURO AMERICAN MANAGEMENT 4802 EISENHOWER BLVD. #380 TAMPA FL 33834 TOB. Pursuant to the provisions of sections 620, 1061 and 620, 192, Florida Statulos, the above-named limited partnership organized or registered under the laws of the State of for the purpose of changing its registered office or registered agent or port in the State of Forida. Such change was authorized by its general partner(s). I hereby acceptable agent. I am familiar with, and accopt the obligations of section 620 (byz) for ja Statutes. Signature (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, Limited Partnership organized or registered But MUST BE REGISTERED ADD ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Lach General Partner 11b. City, State & Zip Code 11	Not Applicable \$8.75 Additional Fee Required
Timpo FL Zip 33607 Country 8. Make check payable to: Dept. of State (So 9. Name and Address of Current Registered Agent FURO AMERICAN MANAGEMENT 4802 EISENHOWER BLVD. #380 TAMPA FL 33634 TOR. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutos, the above-named limited partnership organized or registered under the laws of the State of for the purpose of changing its registered agent for poin, in the State of Florida Such change was authorized by its general partner(s). I horeby accept egent. I am familiar with, and accept the obligations of section 620 (hzg) lord/as Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, Limited Partnership organized or registered under the laws of the State of Rorida Statutes. DATE: // A GENERAL PARTNER THAT IS A CORPORATION, Limited Partnership organized or registered with the But MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11	\$8.75 Additional Fee Required
Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered agent/of the purpose of changing its registored office or registered agent/or by in the State of Florida. Such change was authorized by its general partner(s). I hereby accept agent. I am familiar with, and accept the obligations of section 620 to Statutes. Signature (Rogistered Agent Accepting Appointment). A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of Goneral Partner(s). I have each office Box Numbers. 11. Name(s) of Goneral Partner(s). I have each office Box Numbers. 11. Name(s) of Goneral Partner(s). I have each office Box Numbers. 11. City, State & Zip Code.	<u> </u>
Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered agently or the purpose of changing its registored office or registered agently or both in the State of Florida. Such change was authorized by its general partner(s). I hereby accept agent. I am familiar with, and accept the obligations of section 620.193 for last states. SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s). 11a. (Do NOT Use Post Office Box Numbers). 11b. City, State & Zip Code.	te (See reverse side for los information)
4802 EISENHOWER BLVD. #380 TAMPA FL 33634 TOPE 25 City TOPE 35 City State 8 Zip Code 11 11. Name(s) of Goneral Partner(s) 11b. City, State 8 Zip Code 11	gent/Office
10a. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutos, the above-named limited partnership organized or registered under the laws of the State of for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by its general partner(s). I hereby accept agent. I am familiar with, and accept the obligations of section 620 (b2t) for its statutes. SIGNATURE (Registered Agent Accepting Appointment)	FL 33607
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUMUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11	itate of Florida, submits this statement
11. (Do NOT Use Post Office Box Numbers) 11D. City, State & 2 ip Code 11	BUSINESS ENTITY
EURO VI, INC. \$700 N.W. 46TH DRIVE- CORAL SPRINGS TL 330 6	11c. Registration/ Document Number
4350 w. cypress Tampa, FL Suite 250	P93000083428
800002367 -12/09/97	6 7518 0 701107013 .25 ****541.25

12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Soction 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on

this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by

SIGNATURE.

DATE 10/33/97
Daytime Telephone Numb (r 813) 353-8800