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Mar 21 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 # K30163

(5)

1. Corporation Name
M. & G. EUROCLASSICS FLA., INC.



Principal Place of Business

12890 STARKEY RD #1
LARGO FL 34643

Mailing Address

12890 STARKEY RD #1
UNIT 1
LARGO FL 33773-1432
US

3. Date Incorporated or Qualified
07/26/1988

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-2909865

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

10. Name and Address of New Registered Agent

KEUNE, MANFRED
12890 STARKEY RD.
UNIT 1
LARGO FL 34643

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 of officer or director required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE

NAME
KEUNE, MANFRED
STREET ADDRESS
12890 STARKEY DR., UNIT 1
CITY-ST-ZIP
LARGO FL

11.2 TITLE ☐ DELETE

NAME
KEUNE, MANFRED
STREET ADDRESS
12890 STARKEY DR., UNIT 1
CITY-ST-ZIP
LARGO FL

11.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

21.1 TITLE ☐ Change ☐ Addition

21.2 NAME

21.3 STREET ADDRESS

21.4 CITY-ST-ZIP

22.1 TITLE ☐ Change ☐ Addition

22.2 NAME

22.3 STREET ADDRESS

22.4 CITY-ST-ZIP

31.1 TITLE ☐ Change ☐ Addition

31.2 NAME

31.3 STREET ADDRESS

31.4 CITY-ST-ZIP

41.1 TITLE ☐ Change ☐ Addition

41.2 NAME

41.3 STREET ADDRESS

41.4 CITY-ST-ZIP

51.1 TITLE ☐ Change ☐ Addition

51.2 NAME

51.3 STREET ADDRESS

51.4 CITY-ST-ZIP

61.1 TITLE ☐ Change ☐ Addition

61.2 NAME

61.3 STREET ADDRESS

61.4 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 included 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-10-97 813-5351736

Date

Daytime Phone #

CR2E034 (9/96)