

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S59125 (2)**
1. Corporation Name
EUROFILTER USA, INC.



Principal Place of Business
**6211 28 ST E
BRADENTON FL 34207**

Mailing Address
**6211 28 ST E
BRADENTON FL 34207**

3. Date Incorporated or Qualified **06/12/1991** 3a. Date of Last Report **03/23/1995**

4. FET Number **65-0293299** 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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. 25. 26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip Country
30. 31.

9. Name and Address of Current Registered Agent
**FELDMAN, MARC H.
3908 28 ST W
BRADENTON FL 34205**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City 85. Zip Code **FL**

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 _____ DATE _____
Signature typed or printed in block in the space provided below. With the person's name and address as shown above.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, LESLIE	1.2 NAME	
STREET ADDRESS	3 RUSSET CLOSE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOWDHAM NO	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, DIANA	2.2 NAME	Thomas A Mowatt
STREET ADDRESS	3 RUSSETT CLOSE	2.3 STREET ADDRESS	1312 Timberlake Lane
CITY-ST-ZIP	LOWDHAM NO	2.4 CITY-ST-ZIP	EVANSVILLE IL 47710
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	DS
STREET ADDRESS		3.3 STREET ADDRESS	Andrew B Pietrini
CITY-ST-ZIP		3.4 CITY-ST-ZIP	208 N Metz Drive
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Joseph Arrigo
STREET ADDRESS		4.3 STREET ADDRESS	7 Ellen Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Spring Valley NJ 10977
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Thomas Mowatt* Thomas Mowatt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 618/445-6011
DATE COUNTY OF FLORIDA

CR2E034 (12/95)