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

**PROFIT CORPORATION** ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 531440

(6)

EURO-AMERICAN PROGRAMS, INC.

**FILED** Apr 29 1998 8:00am Secretary of State



					.
Principal Plac	e of Business	Mailing Address		- I I A B I A I I A I I A I A I A I A I A	d diffit arbut alakt arati dibət saat
445 HOWELL AVE		445 HOWELL AVE			
PO BOX 1388		PO BOX 1388	•	DO NOT WRITE IN THIS SPACE	
BROOKSVILLE FLORIDA 34601 US		BROOKSVILLE FL 34601 US		3. Date Incorporated or Qualified	TIS OF ACE
••		•		04/13/1977	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
H		26		59-1794761	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		6. Certificate of Status Desired	Fee Required
City & State	9	City & State		Election Campaign Financing	\$5.00 May Be
23	<del></del>	28	<del></del>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid th	
4	25 25 Name and Address of Cu	29	30	Personal Property Tax due June 30.  10. Name and Address of New Register  10. Personal Property Tax due June 30.	Yes -No
nr.	<del></del>	Might Medisteren Want	81 Name	10. Name and Address of from neglati	NEG ABOUT
	LL, RICHARD W.		BAR	NETTE THOMAS E.	
	MARACAIBO RD TLE TORCH KEY FL 33042			ess (P.O. Box Number is Not Acceptable)	
LII.	ILE TORUM NET PL 33042		83	OO CROOM RA	
			84 City	KSVILLE	FL 85 Zip Code 34/60
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508. Florida Statu	utes, the above-named corp	poration submits this statement for the purpo	
office or r	egistered agent, or both, in the	Brate of Florida, Such change was	authorized by the corporat	poration submits this statement for the purposion's board of directors. I hereby accept the	appointment as registered
	I man	Mult	orida gialdics.	60	72/998
SIGNATURE	Signatur, righed or printed name of register	and gent and title if applicable (NC	HE: Registered Agent signature requi	red when reinstating)	ATE S
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition ( €
NAME	BARNETTE, THOMAS E		1.2 NAME		5
STREET ADDRESS	25200 CROOM RD		1.3 STREET ADDRESS		R2F/R34
CITY-ST-ZIP	BROOKSVILLE, FL 00000		1.4 CITY-ST-ZIP		
TITLE	VST	☐ DELETE	2.1 TITLE		Change Addition C
NAME	BARNETTE REBECCA D		2.2 NAME		1
STREET ADDRESS	25200 CROOM RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 00000		2 4 CITY-ST-ZIP	and the second s	
TITLE	ST MANAGEMENT	☐ DELETE	3 1 TITLE		Change Addition
NAME	DELL, WILMA V		3.2 NAME		
STREET ADDRESS	7 MARACAIBO RD	1000	3.3 STREET ADDRESS		
CITY-ST-ZIP	LITTLE TORCH KEY FLOO		3.4. CITY-ST-ZIP		Change Addition
TITLE	DC DICHARD W	☐ DELETE	4.1 TITLE		Change Addition
NAME	DELL, RICHARD W		4. 2 NAME		
STREET ADDRESS	7 MARACHIBO RD	1000	4.3 STREET ADDRESS		
CITY-ST-ZIP	UTTLE TORCH KEY FLOO	DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		רון טכנגו <b>נ</b>	5.1 TITLE		Change C Mounton
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE		ריי הברנוב	6.1 TITLE 6.2 NAME		C change C vanicion
NAME OTOGET ADDOCCC					
STREET ADDRESS	^		6.3 STREET ADDRESS		
14. I hereby o	certify that the information supplie	ed with this filing does not qualify	for the exemption stated in	Section 119.07(3)(i), Florida Statutes. I furth	ner certify that the information

Indicated on this annual report of symplemental annual report is frue 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 of chapter 607 or an attachment with an address.