

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90061 027 ***150.00

DOCUMENT # F97000000954

1. Corporation Name
EURUS TECHNOLOGIES, INC.

Principal Place of Business

2031 E PAUL DIRAC DR
TALLAHASSEE FL 32310
US

Mailing Address

2031 E PAUL DIRAC DR
TALLAHASSEE FL 32310
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1997

4. FEI Number

11-3268296

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 owes the current year intangible
Personal Property Tax.

☒ Yes

☐ No

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

9. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVE.
STE. 200
TALLAHASSEE FL 32302

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> DELETE |
|-------|------------------|----------------------------|-----------------------|---------------------------------|
| DCPT | ADAMS, MARILYN S | 5500 PIMLICO DRIVE | TALLAHASSEE FL 32308 | <input type="checkbox"/> |
| D | CUSICK, JOHN W | 5500 PIMLICO DRIVE | TALLAHASSEE FL 32308 | <input type="checkbox"/> |
| DVS | SHEA, JOHN F | 33 W 2ND ST | RIVERHEAD NY 11901 | <input type="checkbox"/> |
| V | VYDRA, ANTHONY | 6274 FAIRWAY DR W | FAYETTEVILLE PA 17222 | <input type="checkbox"/> |
| VP | ROMANS, JOHN A | 6115 OX BOTTOM MANOR DRIVE | TALLAHASSEE FL 32312 | <input type="checkbox"/> |
| D | MANION, ROBERT C | 5500 PIMLICO DRIVE | TALLAHASSEE FL 32308 | <input type="checkbox"/> |

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a power like empowered.

SIGNATURE:

Marilyn S. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99
Date

(850) 574-1800
Daytime Phone #

CR2E034 (11/98)

0053888