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

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90018 032 ***150.00

DOCUMENT # G22123 1. Corporation Name

EURO-SWISS TRAVEL INC.

,	<u>.</u>									ANDIN DIRAN NDAN
Principal Place of Business Mailing Address								100 1137 01011 011	111 01611 01411 0	
15206 OAK CHASE COURT 15206 OAK CHASE COURT										
SUITE 1210	• •	SUITE 1210	THE CONTRACTOR OF THE CONTRACT				De MOTAMOITE MUTURO DE ADE			
WELLINGTON FL 33414 WELLINGTON FL 33414			N FL 33414				DO NOT WRITE IN THIS SPACE			
U\$ U\$							3. Date Incorporated or Qualifed			
							01/10/1983			
2. Principal Pl	ace of Business	— — ·	2a. Mailing Address				4. FEI Number			plied For
21		 	26				65-0002228			t Applicable
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
22		121								
City & State	0	— ´	City & State				6. Election Campaign Financing		\$5.00	· .
23			Zip Country				Trust Fund Contribution		Added to	o Fees
Zip	Country	Country				8. This corporation owes the curre			□No	
24	25 29 30						Personal Property Tax.		Yes	LINO
9, Name and Address of Current Registered Agent							10. Name and Address of New R	egistered A	gent	
VOM	SAMOUT DAYOUTS			61	Nar	ne	_			ļ
VON STOCKAR, THOMAS			82	82 Street Address (P.O. Box Number is Not Acceptable)						
15206 OAK CHASE CT					<u> </u>					
WEL	LINGTON FL 33414			83	1					
				84	City				85 Zip C	Code
{				ı	- '			F <u>L</u>	.	
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.									registered gistered	
										j
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable	(NOTE: Re	egistered Age	nt signat	ure required w	when reinstating)	DATE		
12.		AND DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
TITLE	P		DELETE	1.1 TITLE					☐ Change	☐ Addition
NAME	VON STOCKAR, THOMAS		ļ	1.2 NAME						i
STREET ADDRESS	15206 OAK CHASE CT		l	1.3 STREE	TADDRE	ESS				\
CITY-ST-ZIP	WELLINGTON FL 33414		I	1.4 CITY-S	ST-ZIP					i
TITLE	VP		DELETE	2.1 TITLE					☐ Change	☐ Addition
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STREET ADDRESS	15206 OAK CHASE CT		ļ	2.3 STREE	T AMMRI	-88				}
	WELLINGTON FL 33414		.	ł						_
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	•			3.2 NAME						
NAME .			l	3.3 STREE	T ADDD					
STREET ADDRESS	•			ľ		-00				,
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TITLE			Doccer	ŀ						
NAME	•		İ	4. 2 NAME						ļ
STREET ADDRESS				4.3 STREE		585	*			ļ
CITY-ST-ZIP			Class see	4.4 CITY- S	ST-ZIP_				☐ Change	(Addition
TITLE			DELETE	5.1 TITLE		Ì			∴ Cualde	[] Addings
NAME			ļ	5.2 NAME						ļ
STREET ADDRESS			l	5.3 STREE		:55				
CITY-ST-ZIP				5.4 CITY- 8	ST-ZIP					
TITLE			☐ DELETE	6.1 TITLE		1			Change	Addition
NAME				6.2 NAME						ľ
STREET ADDRESS	43.03 d 3.01		l	6.3 STREE	TADDRE	ess				{

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(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 trastee 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 all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP, V-C (\$ 10 pt 10 p