

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # G59279

(1)

1. Corporation Name  
EUROPEAN CUSTOM DESIGN, INC.

Principal Place of Business  
757 SE 17TH ST., SUITE #181  
FT. LAUDERDALE FL 33316

Mailing Address  
757 SE 17TH ST., SUITE #181  
FT. LAUDERDALE FL 33316

FILED  
97 JUL 31 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/12/1983	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2330037	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

JONES, BRUCE  
757 SE 17TH ST., SUITE 181  
FT. LAUDERDALE FL 33316

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P JONES, BRUCE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	303 N. ATLANTIC BLVD.	1.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V JONES, NORMA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	303 N. ATLANTIC BLVD.	2.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T BROWN, ALICE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1148 W. 31 ST.	3.2 NAME	
STREET ADDRESS	ERIE PA	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 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 \_\_\_\_\_

CR2E034 (4/97)

7-24-97

BRUCE JONES  
EUROPEAN CUSTOM  
DESIGN, INC.  
757 SE. 17 ST. #181  
FT. LAUDERDALE, FL.  
33316

TO: FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS  
CORP. ANNUAL REPORT FEE

(2)

TO WHOM IT MAY CONCERN

PLEASE ACCEPT MY CHECK IN THE AMOUNT  
OF \$165.00 AS FILING FEE AMOUNT. I DID  
NOT RECEIVE MY FIRST NOTICE IN THE  
MAIL. I DID CALL YOUR OFFICE AND WAS  
INSTRUCTED TO SEND THIS AMOUNT WITH  
A LETTER OF EXPLANATION. THANK YOU  
FOR YOUR UNDERSTANDING.

BRUCE JONES

