

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 05 1998 8:00am  
Secretary of State

DOCUMENT # H26547 (0)

1. Corporation Name  
EURO YACHT & CARRIAGE LIMITED, INC.



Principal Place of Business

Mailing Address

~~\* JOSEPH D. STAVOLI~~  
11000 - 70TH AVE. NORTH  
SEMINOLE FL 34642

~~\* JOSEPH D. STAVOLI~~  
11000 - 70TH AVE. NORTH  
SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 33772 25 Country

29 Zip 33772 30 Country

3. Date Incorporated or Qualified

10/22/1984

4. FEI Number

59-2501124

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STAVOLI, JOSEPH D.  
11000 - 70TH AVE. NORTH  
SEMINOLE FL 33542

81 Name

Barbara R. Stavoli

82 Street Address (P.O. Box Number is Not Acceptable)

11000 70th Ave North

83

84 City

Seminole

FL

85 Zip Code

33772

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPS ☒ DELETE  
NAME CARR, CHRISTINE  
STREET ADDRESS 11000 70TH AVENUE, N.  
CITY-ST-ZIP SEMINOLE FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DSS ☐ DELETE  
NAME STAVOLI, BARBARA A.  
STREET ADDRESS 11000-70TH AVENUE  
CITY-ST-ZIP SEMINOLE FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPS ☐ DELETE  
NAME Urbinati, Louis  
STREET ADDRESS 11000 70th Avenue, N.  
CITY-ST-ZIP Seminole, FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 the board, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0403905

CR2E034 (10/97)