FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H47034** **(4)**

1. Current Name
EUROLINE INC.

Name and Address of Person to Whom Mail Should Be Sent

% STUART B. KLEIN
1551 FORUM PL.STE.400B
W. PALM BEACH FL 33401

Mailing Address

% STUART B. KLEIN
1551 FORUM PL.STE.400B
W. PALM BEACH FL 33401

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated (or Qualified): **03/14/1985**
3a. Date of Last Report: **07/06/1994**

2. Principal Place of Business
21
Suite Apt. # or
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite Apt. # or
27
City & State
28
Zip
29
County
30

4. FEI Number: **59-2525616** ☐ 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

7. Is this corporation a small business corporation as defined in section 1244(c) of the Internal Revenue Code? Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KLEIN, STUART B.
1551 FORUM PLACE
SUITE 500E
W. PALM BEACH FL 33401

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 Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 Title	PD	01 Title	☐ Change ☐ Addition
02 Name	GIERLICZ, GARRY	02 Name	
03 Street Address	750 JUNIPER PLACE	03 Street Address	
04 City, State, Zip	W. PALM BEACH FL	04 City, State, Zip	
05 Title	D	05 Title	☐ Change ☐ Addition
06 Name	GIERLICZ, DEE ANN	06 Name	
07 Street Address	750 JUNIPER PLACE	07 Street Address	
08 City, State, Zip	W. PALM BEACH FL	08 City, State, Zip	
09 Title		09 Title	☐ Change ☐ Addition
10 Name		10 Name	
11 Street Address		11 Street Address	
12 City, State, Zip		12 City, State, Zip	
13 Title		13 Title	☐ Change ☐ Addition
14 Name		14 Name	
15 Street Address		15 Street Address	
16 City, State, Zip		16 City, State, Zip	
17 Title		17 Title	☐ Change ☐ Addition
18 Name		18 Name	
19 Street Address		19 Street Address	
20 City, State, Zip		20 City, State, Zip	
21 Title		21 Title	☐ Change ☐ Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City, State, Zip		24 City, State, Zip	

14. I declare, to the best of my knowledge, that the information supplied with this report is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: *Garry Gierlicz* **4-18-95** **(407) 798-1211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0242070 CP