

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J09902 (4)

1. Corporation Name

EUROPROP CORPORATION



Principal Place of Business

5576A NORTH OCEAN BLVD  
OCEAN RIDGE FL 33435

Mailing Address

5576A NORTH OCEAN BLVD  
OCEAN RIDGE FL 33435

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/18/1986

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2792538

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SOSNER, ALAN  
5576A NORTH OCEAN BLVD.  
OCEAN RIDGE FL 33435

10. Name and Address of New Registered Agent

81 Name Ronning, Jens P.

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

5572A North Ocean Blvd.

83

84 City

Ocean Ridge,

FL

85 Zip Code

33435

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 to file if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P  
RONNING, JENS P.  
5572A NORTH OCEAN BLVD  
OCEAN RIDGE FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VST  
SOSNER, ALAN  
5572A NORTH OCEAN BLVD  
OCEAN RIDGE FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE 22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE 32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE 42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE 52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE 62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JENS PETTER RONNING

4/24/96

407/737-1500

Date

Daytime Phone #

CR2E034 (12/95)

5/1/96