

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 # K98925 (6)

1. Corporation Name

EURO-MARKETING INCORPORATED



Principal Place of Business

C/O GULF TAX INC. / 6170 CENTRAL AVE.
SUITE A
ST PETERSBURG FL 33707
US

Mailing Address

C/O GULF TAX INC
6860 GULFPORT BLVD / STE - 900
ST PETERSBURG FL 33707
US

3. Date Incorporated or Qualified
06/28/1989

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2995663

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GULF TAX INC.-LIGHT, BRIAN
6860 GULFPORT BLVD.
SUITE 900
ST PETERSBURG FL 33707

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

Signature typed or printed name of registered agent and third applicant

(If applicable) Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPT
NAEGELIN, GUENTER
6860 GULFPORT BLVD / STE - 900
ST PETERSBURG FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
LIGHT, BRIAN
6860 GULFPORT BLVD / STE - 900
ST PETERSBURG FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LIGHT, GERTRUD
6860 GULFPORT BLVD / STE - 900
ST PETERSBURG 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

13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

Brian J. Light - Secretary

4/25/96

(813) 345 7359

Date

Daytime Phone #

CR2E034 (12/95)