

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L07023** (9)

1. Corporation Name

EUROGRAFIX, INC.

Principal Place of Business

**375 DOUGLAS AVE., STE. 1008
SUITE 2155-20
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**375 DOUGLAS AVE., STE. 1008
SUITE 2155-20
ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1989

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2964737

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.

1008

City & State

23

Zip

Country

2a. Mailing Address

26

375 DOUGLAS AVE

Suite, Apt. #, etc.

City & State

28

Zip

Country

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

9. Name and Address of Current Registered Agent

**DURKET, STEVEN LORNE
505 WEKIVA SPRINGS RD.
SUITE 600
LONGWOOD FL 32779**

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 in printed name of registered agent and filed as required)

(Printed Registered Agent signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY, ST, ZIP

**D
BUCHAU, VOLKER
2089 REGAL ST.
APOPKA FL**

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

**D
CASTRO, MANUEL
2089 REGAL ST.
APOPKA FL**

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

14.1 TITLE

14.2 NAME

14.3 STREET ADDRESS

14.4 CITY, ST, ZIP

15.1 TITLE

15.2 NAME

15.3 STREET ADDRESS

15.4 CITY, ST, ZIP

16.1 TITLE

16.2 NAME

16.3 STREET ADDRESS

16.4 CITY, ST, ZIP

13. 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)(b), 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 147, 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Volker Buchau

Volker Buchau

4/28/95

407-869-9955