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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996		1 Sec. 18 5	DIVISION OF CORPORATIONS		NS			
DOCUMENT #  1. Corporation Name		L62606	(3)					
EURUC	COMP, INC.					i idaniani dia dikia india amin' daha	Alla Bidas Cada Ald	II <b>Bibil Bibil Deb</b> il 1001
Denoinal Disease	of Discional							
Principal Place			Mailing Address					
C/O BO S. SODERBERG 13575 58TH STREET NORTH CLEARWATER FL 34620			C/O BO S. SODERBERG 13575 58TH STREET NORTH CLEARWATER FL 34620					
						3. Date incorporated or Qualified 04/02/1990	3a. Date of La 05/01	ast Report   <b>/1995</b>
2. Principal Pla	ice of Business	20	a. Mailing Address			4. FEI Number 59-3136836		Applied For
Suite, Apt. #	t, etc.		Suite, Apt. #, etc.				Si	Not Applicable  8.75 Additional
22	·	2	-4			5. Certificate of Status Desired		Fee Required
City & State		28	City & State			Election Campaign Financing     Trust Fund Contribution		5.00 May Be Added to Fees
Zιρ		puntry	Zip	Country		This corporation has liability for in		
24	25	29		30		Florida Statutes 💢 Yes	7711 4444	
	9. Name and A	ddress of Current Rec	istered Agent	81	Name	10. Name and Address of New Re	gistered Agen	<u>                                     </u>
SODERBERG, BO S.						ress (P.O. Box Number is Not Acceptable		
13575 58TH STREET NORTH				82	Sileet Adol	ress (F.O. Box Number is Not Acceptable	<i>3</i> ) 	
CLEARW	ATER FL 34620	1		83				
				84	Orty		85	Zip Code
11. Pursuant to	the provisions of	Sections 607.0502 and (	607.1508, Florida Statutes,	the above na	med como	ration submits this statement for the pure	FL ose of changing	its registered office
or registere familiar with	ed agent, or both, i n, and accept the o	n Ine State of Florida. Su obligations of, Section 60	ch change was authorized l 7 0505, Florida Statutes.	by the corpo	ration's bloa	ation submits this statement for the purp rd of directors. Thereby accept the appo	intment as regis	tered agent. I am
SIGNATURE								
12.	Styriative its test or printer	name of regeleration cand the OFFICERS AND DIR		Hogistered Agreet 13.	signalia e recipione	ADDITIONS/CHANGES TO OFFIC	DATE THOSE	CTODE IN 10
TITLE	DP	0.710270711.7241	DELETE	1 1 Title	<sub>1</sub>	ADDITIONS/CHANGES TO OFFIC	Cha	
NAME	SODERBERG	, BO S.		1.2 NAME			<u> </u>	, <u> </u>
STREET ADDRESS		STREET NORTH		1.3 STREET A	DORESS			
C-TY - ST - ZiP	CLEARWATE	R FL	· ····	14 Cily SI	216	N		
TITLE	DV	r	DELETE	2 1 11111 €			Cha	ange 🔲 Addition
NAME PAGEST LEDDOCCO	SCHEF, EDD	street North		2.2 NAME	.			
STREET ADDRESS CITY - ST - ZIP	CLEARWATE			2.3 STREET A				
TITLE	OLD/4/1///IL	· · · · · · · · · · · · · · · · · · ·	□ DELETE	24 CITY-ST 3-1 THILE	ZIF		☐ Cha	ange Addition
NAME			_	3.2 NAME			<b></b>	go, ,,contain
STREET ADDRESS				3.3 STREET	OURESS			
CITY-ST-ZIF				3.4 CrTY - ST				
TITLE			☐ DELFTE	4 1 THUF			☐ Cha	ange 🔲 Addit-on
NAME				4.2 NAME				
STREET ADDRESS				4.3 STREET A	ĺ			
CITY-ST-ZIP TITLE		***************************************	DELETE	4.4 CITY - ST	ZIP			nean T Address
NAME			- Decert	5 : TITLE 52 NAME			☐ Cha	ange 🔲 Addition
STREET ADDRESS				53 STREET A	DDRESS			
CITY-ST-ZIP				54 CHY-SI				
TITLE			DELETE	6 1 THE			☐ Cha	ange 🔲 Addition
NAME				6.2 NAM5			-	
STREET ADDRESS				63 STREEL A	DDRESS			
CITY-ST-ZIP			7-Y-1- MINIMANA	6 4 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 | 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 logal 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 of open attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED AAME OF SIGNING OFFICER OR DIRECTOR

Data

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