FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # L Le 240 4

EURÖCOMP, INC.

FILED May 10, 1999 8:00 am Secretary of State

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05-10-1999 90253 011 ***150.00

Principal Place of Business 10460 Roosevelt Blvd, #160 St. Petersburg, FL 33716 Mailing Address 10460 Roosevelt Blvd, # 160 St. Petersburg, FL 33716					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 04/02/1990			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number 59–3136836	-	Applied For Not Applicable	-
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7	5 Additional	1
City & State		City & State			Fee Required 6. Election Campaign Financing \$5.00 May Be			-
23		28			Trust Fund Contribution	Adde	d to Fees	
Zip 24	Country	Zip Coun		ntry .	This corporation owes the current year In Personal Property Tax.	tangible _ ☐ Yes	IX No	-
	9. Name and Address of Current				10. Name and Address of New Registered			₫ .
Bo C C	adanhana			81 Name				7
	oderberg th Street N, # 77			82 Street Addr	ress (P.O. Box Number is Not Acceptable)			+
St. Petersburg, FL 33716				83				4
				84 City		85 Zi	p Code	-
44 Durayant	to the agazinians of Cost of 607 0000	and 607 4509. Florida Statutas	tho o	aug named som	FL		ita rogistared	4
11. Pursuant to the provisions of Section's 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. I am familier with an accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE 11. Pursuant to the provisions of Section's 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. I hereby accept the appointment as registered agent. I am familier with an accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE 12. Pursuant to the provisions of Section's 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the purpose of changing its registered agent. I am familier with a accept the appointment as registered agent. I am familier with a accept the obligations of, Section 607,0505, Florida Statutes.								
SIGNATURE Signature, typed or printed name of segistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OATE								
12. OFFICERS AND DIRECTORS			13.	Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12	- 8
TITLE	DP	DELETE	1.1 TI	LE		Chang	e Addition	1 3
NAME	Bo S. Soderberg		1.2 NA	ME				5
			1.3 ST	REET ADDRESS				[
CITY-ST-ZIP			Y-ST-ZIP				غ	
TITLE	DV	☐ DELETE	2.1 TI1			Chang	e	Ή`
NAME			2.2 NA					
STREET ADDRESS				REET ADDRESS				
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NAME		~- -	3 2 NA					_
STREET ADDRESS				REET ADORESS	••			1
CITY-ST-ZIP TITLE		[] DELETE	3.4. CI	ry-st-zip		☐ Chang	e Addition	;†
NAME		[] 000012	4. 2 N					
STREET ADDRESS			ı	REET ADDRESS				1
			R	Y-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TIT			Chang	e Addition	1
NAME			5.2 NA	1			_	
STREET ADDRESS			5.3 ST	REET ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TIT			Change	e 🔲 Addition	1
NAME		- -	6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET ADDRESS				
SINEE POOREON				V ST 71D				

14. I hereby certify that the information supplied with this filing 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 if changes of on an attachment with an address, with all other like empowered.

Bo S. Soderberg SIGNATURE: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(727) 481-2494 Daytime Phone # April 26, 1999