

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000005620 (8)

1. Corporation Name

EURO CONSTRUCTION INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/25/1993** 3a. Date of Last Report **05/01/1994**

4. FBI Number **65-0383496** 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 2a. Mailing Address
21 **1318 SE 47TH STREET** 26 **1318 SE 47TH STREET**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

City & State City & State
23 **CAPE CORAL, FL** 28 **CAPE CORAL, FL**

Zip Country Zip Country
24 **33904** 25 **USA** 29 **33904** 30 **USA**

9. Name and Address of Current Registered Agent

**WITTANDER, PETER
1323 LAFAYETTE STREET, STE. H
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name **WITTANDER, PETER**
82 Street Address (P.O. Box Number is Not Acceptable) **1318 SE 47TH STREET**
83
84 City **CAPE CORAL** FL 85 Zip Code **33904**

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 title if applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	WITTANDER, PETER
STREET ADDRESS	1323 LAFAYETTE STREET SUITE H
CITY - ST - ZIP	CAPE CORAL FL 33904
TITLE	SD
NAME	JOHANSSON, AGNETA
STREET ADDRESS	1323 LAFAYETTE STREET SUITE H
CITY - ST - ZIP	CAPE CORAL FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PTD	☒ Change ☐ Addition
12 NAME	WITTANDER, PETER	
13 STREET ADDRESS	1318 SE 47TH STREET	
14 CITY - ST - ZIP	CAPE CORAL, FL 33904	
21 TITLE	SD	☒ Change ☐ Addition
22 NAME	WITTANDER, AGNETA	
23 STREET ADDRESS	1318 SE 47TH STREET	
24 CITY - ST - ZIP	CAPE CORAL, FL 33904	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
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:

Agnetta Wittander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95

(413) 549-3101

Date

Telephone #