Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90158 002 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000022169

1. Corporation Name

EURO-FLORIDA INVESTMENTS CORPORATION						
					<sub>a</sub> ar <b>e</b> in <b>ene</b> (teek kiele ek	
Principal Place	e of Business	Mailing Address				
14848 OLD US	41	14848 OLD US 41				
UNIT 6 UNIT 6 NAPLES FL 34110 NAPLES FL 34110				DO NOT WRITE IN TI	HIS SPACE	
NAPLES FL 34110 NAPLES FL 34110 US US				3. Date Incorporated or Qualifed		
				03/25/1993		}
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Appl	lied For
21		26		65-0399047	Not .	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_5. Certifcate of Status Desired	\$8.75 Ad	
22		27		O. Continue of States Section 2	Fee Req	uired
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 ⋈	
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		٦ ]
24	25	29	0	Personal Property Tax.		□No
	9. Name and Address of Current	: Registered Agent	94 Nome	10. Name and Address of New Register	ed Agent	
C/O STELL CANTOD DA				ERNHARD SCHWARZ		
C/O STEVEN L. CANTOR PA % CANTOR & MORANTE PA 82				ress (P.O. Box Number is Not Acceptable)		
	BRICKELL AVE. 5TH FLR		1989	8 OLD US 41, UNIT 6	<u> </u>	
MIAMI FL 33131			83			
Milan	W LF 22121		84 City //	GPLES F	EL 85 Zip Co	ode
44. D. The state of Continue COZ 0503 and COZ 1509. Elevide Statutes the above pared corporation submits this statement for the purpose of changing its registered						
I affine or registered eaget, or both, in the State of Florida, Such change was allinorized by the composition's positions. I deletely account all dubulitations as including the state of Florida, Such change was allinorized by the composition of positions.						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  3/10/99						
SIGNATURE	Signature, typed or printed name of registered agent		ر ک ت legistered Agent signature require	ed when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PVTS	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	SCHWARZ, BERNHARD		1.2 NAME			}
STREET ADDRESS	14848 OLD US 41, UNIT 6		1.3 STREET ADDRESS			-
CITY-ST-ZIP	NAPLES FL 34110		1.4 CITY-ST-ZIP			
TITLE		☐ OELETE	2.1 TITLE		Change	☐ Addition )
NAME			2.2 NAME	•		Ì
STREET ADDRESS		•	2.3 STREET ADDRESS	eres e	•	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	•	☐ Change	☐ Addition
NAME			3.2 NAME			İ
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u></u>	Choses	Addition
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			ľ
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		□ oueda	
NAME						
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		□ pcicze	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change	Addition
TITLE		☐ DELETE				
NAME			6.2 NAME			Ì
CTDEET ADDDESS	l .		6.3 STREET ADDRESS			

CITY-ST-ZIP 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 suppliemental 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, with all other like empowered.

6.4 CITY-ST-ZIP

4 594 9775