

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Mortman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000069131 (9)**

1. Corporation Name

HEECO EURO, INC.

Principal Place of Business

Mailing Address

5450 W. CRENSHAW STREET
TAMPA FL 33684

5450 W. CRENSHAW STREET
TAMPA FL 33684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/01/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal City or Hometown	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3227155	Not Applicable
State Apt # etc	State Apt # etc	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under § 199.032 Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	County	24	25
		29	30

9. Name and Address of Current Registered Agent

OTTE, ALAN H
13604 PUB PLACE
TAMPA FL 33624

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

11. Pursuant to the provisions of Sections 607.01(4) and 607.15(6), 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 in conformity with and subject to the obligations of Sections 607.01(4) and 607.15(6), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICE	DP	1. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIHALCIN, E R	1. NAME	
STREET ADDRESS	5450 W. CRENSHAW ST	1.1 STREET ADDRESS	
CITY & STATE	TAMPA FL 33684	1.2 CITY & STATE	
OFFICE	ST	2. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIHALCHIN, PHYLLIS	2. NAME	
STREET ADDRESS	7605 EGYPT LAKE DR.	2.1 STREET ADDRESS	
CITY & STATE	TAMPA FL	2.2 CITY & STATE	
OFFICE	VP	3. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIHALCIN, ROBERT E	3. NAME	
STREET ADDRESS	3404 HOLLY BACK WAY	3.1 STREET ADDRESS	
CITY & STATE	TAMPA FL 33616	3.2 CITY & STATE	
OFFICE		4. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4.1 STREET ADDRESS	
CITY & STATE		4.2 CITY & STATE	
OFFICE		5. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5.1 STREET ADDRESS	
CITY & STATE		5.2 CITY & STATE	
OFFICE		6. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6.1 STREET ADDRESS	
CITY & STATE		6.2 CITY & STATE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and deemed true and correct for the exemption status in Section 199.032(9)(b), Florida Statutes. Further, I certify that the information submitted 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 that my name or position is authorized to do this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 or changed or on an attachment with an address.

SIGNATURE: *Phyllis Michalcin* *Phyllis Michalcin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95 (813)886-7584