

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000007736 (9)

1. Corporation Name

EUROSTONE, INC.



Principal Place of Business

Mailing Address

C/O RICHARD L. HORNSBY
1350 E. NEWPORT CENTER DR., SUITE 201
DEERFIELD BEACH FL 33443

C/O RICHARD L. HORNSBY
1350 E. NEWPORT CENTER DR., SUITE 201
DEERFIELD BEACH FL 33443

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROSSMAN, ROBERT L
1221 BRICKELL AVE.
MIAMI FL 33131

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 607.0502 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, type or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

DELETE

1.1 TITLE

Change

Addition

NAME

HORNSBY, RICHARD L

12 NAME

STREET ADDRESS

1350 E. NEWPORT CENTER DR., SUITE 201

13 STREET ADDRESS

CITY-STATE-ZIP

DEERFIELD BEACH FL 33443

14 CITY-STATE-ZIP

TITLE

PD

DELETE

2.1 TITLE

Change

Addition

NAME

CERUSO, RICHARD M.

22 NAME

STREET ADDRESS

1350 EAST NEWPORT LENTA DRIVE

23 STREET ADDRESS

CITY-STATE-ZIP

DEERFIELD BEACH FL

24 CITY-STATE-ZIP

TITLE

D

DELETE

3.1 TITLE

Change

Addition

NAME

SMITH DONALD L

32 NAME

STREET ADDRESS

1350 EAST NEWPORT CENTER DRIVE

33 STREET ADDRESS

CITY-STATE-ZIP

DEERFIELD BEACH FL

34 CITY-STATE-ZIP

TITLE

D

DELETE

4.1 TITLE

Change

Addition

NAME

STEDMAN, KIMBELL R.

42 NAME

STREET ADDRESS

1350 EAST NEWPORT CENTER DRIVE

43 STREET ADDRESS

CITY-STATE-ZIP

DEERFIELD BEACH FL

44 CITY-STATE-ZIP

TITLE

ST

DELETE

5.1 TITLE

Change

Addition

NAME

BARRETT, WALTER B.

52 NAME

STREET ADDRESS

1350 EAST NEWPORT CENTER DRIVE

53 STREET ADDRESS

CITY-STATE-ZIP

DEERFIELD BEACH FL

54 CITY-STATE-ZIP

TITLE

DELETE

6.1 TITLE

Change

Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-STATE-ZIP

64 CITY-STATE-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 on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER B. BARRETT
VICE PRESIDENT

2/13/96

(964)
429-1600
Daytime Phone #

CR2E034 (12/95)