

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 11 1996 8:00 am
Secretary of State

DOCUMENT # P94000073598 (2)

1. Corporation Name

EUROFINANCE INVESTMENT AND DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

~~1314 CAPE CORAL PARKWAY~~
~~UNIT 204~~
~~CAPE CORAL FL 33904~~
6371-4 PRESIDENTIAL CT
FT. MYERS, FL 33919

1314 CAPE CORAL PARKWAY
UNIT 204
CAPE CORAL FL 33904

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified
10/03/1994

3a. Date of Last Report
11/17/1995

4. FEI Number
65-0577492

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~REMHOFF, WALTER J~~
~~1314 CAPE CORAL PARKWAY~~
~~UNIT 204~~
CAPE CORAL FL 33904

81 Name
ANDREW JESSEN

82 Street Address (P.O. Box Number is Not Acceptable)
6371-4 PRESIDENTIAL CT

83

84 City
FORT MYERS

FL

85 Zip Code
33919

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 Andrew G. Jessen

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE 3/6/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME POETHE, MANFRED
STREET ADDRESS 1314 CAPE CORAL PARKWAY UNIT 204
CITY- ST- ZIP CAPE CORAL FL 33904

1.1 TITLE PD
1.2 NAME POETHE, MANFRED
1.3 STREET ADDRESS 1314 CAPE CORAL PARKWAY UNIT 204
1.4 CITY- ST- ZIP CAPE CORAL FL 33904

TITLE V
NAME REMHOFF, WALTER J
STREET ADDRESS 1314 CAPE CORAL PARKWAY UNIT 204
CITY- ST- ZIP CAPE CORAL FL 33904

2.1 TITLE V
2.2 NAME REMHOFF, WALTER J
2.3 STREET ADDRESS 1314 CAPE CORAL PARKWAY UNIT 204
2.4 CITY- ST- ZIP CAPE CORAL FL 33904

TITLE STD
NAME REMHOFF, HEIKE
STREET ADDRESS 1314 CAPE CORAL PARKWAY UNIT 204
CITY- ST- ZIP CAPE CORAL FL 33904

3.1 TITLE STD
3.2 NAME REMHOFF, HEIKE
3.3 STREET ADDRESS 1314 CAPE CORAL PARKWAY UNIT 204
3.4 CITY- ST- ZIP CAPE CORAL FL 33904

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

13-6-96 941-482-3535

CR2E034 (12/95)