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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P94000082952 (0)

**DOCUMENT** # 1. Corporation Name

E-U, INC.

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Principal Place o	f Business	Má	iiling Address	,						
2920 NE 18T POMPANO B	H ST EACH FL 33062		2920 NE 18TH ST POMPANO BEACH FL	. 33062						
						3. Date Incorporated or Qualified 11/14/1994		of Last Re 05/25/19		
2. Principal Plac	e of Business	2a.	Mailing Address		*	4. FEI Number		P	Applied For	
21		26				65-0533044		<u>-</u> -	Not Applicable	4
Suite, Apt. #,	etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee F	Additional Required	_
City & State			City & State			6. Election Campaign Financing	П		<b>D</b> Мау Ве	
23		28			<del>-,</del>	Trust Fund Contribution			to Fees	
Zφ	Country	20	Zφ	30	ntry	8. This corporation has liability for Florida Statutes Yes	intangioie ta ∐No	x under s	199.032,	i
24	25 9. Name and Address of Curre	29  nt Regis	tered Agent	30		10. Name and Address of New F		Agent		
	8. Hame and Address of Carre	it riogio			81 Name					
BURON	E, TONI A				82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)			$\dashv$
2920 NI	E 18 STREET NO BCH FL 33062				B3	655 (1.50, EON 14011110) IN 1401 1600 PAGE				_
FUMIFA	NO DON PL 33002							- <del></del>		_
					84 City		FL	85 Zip	o Code	1
or registere familiar with SIGNATURE	the provisions of Sections 607,050 diagent, or both, in the State of Flor i, and accept the obligations of Sections of Sec	da Suct tion 607.	n change was authorize 0505, Florida Statutes	ed by the	ove named corpor corporation's boa a Age it signature recore	ration submits this statement for the purific of directors. I hereby accept the app	ointiment as	anging its registered	egistered office agent I am	
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12	<u> </u>
TITLE	DP		DELETE	1.1	TITLE			Change	Addition	CR2E034 (12/95)
NAME	BARONE, TONI A			121	AME					8
STREET ADDRESS	2920 NE 18TH ST			135	IREET ADDRESS					三
CITY-ST-ZIP	POMPANO BEACH FL 330	52			ITY-ST Z-P			T Change	- Addit an	-185
TITLE	DA TRIBA V		☐ DELETE	2 1			L	Change	Addit on	
NAME	Griner, Judy A 2920 Ne 18th St			221						
STREET ADORESS	POMPANO BEACH FL 330	62			TREET ADORESS					ı
CITY - ST - ZIP	FUMPARO DESCRITE 000	OE	[7] DELETE	3 1	TITY-ST ZIP			Change	Addition	
TITLE NAME			L	321			•			
STREET ADDRESS					STHEFT ADDRESS					
CITY-ST-ZiP					-TY - \$1 - ZIP					
TITLE			DELETE		TITLE			Change	Addition	
NAME				421	IAME					
STREET ADDRESS				435	TREFT ADDRESS					
CITY-ST-ZIP				44(	DTY+ST+ZiP					_
TITLE			☐ DELETE	5 1	ìiřt <del>€</del>			Change	Addition	
NAME				521	IAME					
STREET ADDRESS				533	STREET ADDRESS					
CITY-ST-ZIP					STY-ST-ZIP				Made to a	-
THLE			☐ DELETE		TITLE			Change	Add:tion	
NAME					(AM)					
STREET ADDRESS					STREET ADDRESS					
DrTY-ST-ZIP				641	DITY - 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 arrival 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 trusted empowered to execute this hyport as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changes, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR