Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

Suite, Apt. #, etc.

City & State

27

28

Zip

## DOCUMENT # P9500001484

Suite, Apt. #, etc.

City & State

Zip

24

EUROSPORT MOTORCARS, INC.

Principal Place of Business	Mailing Address				
1010 S.E. 12TH COURT CAPE CORAL FL 33990	1010 S.E. 12TH COURT CAPE CORAL FL 33990				
Principal Place of Business	2a. Mailing Address				

25 29 9. Name and Address of Current Registered Agent

Country

PUIG, ARMAND

## FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90011 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

82 Street Address (P.O. Box Number is Not Acceptable)

01/01/1995 4. FEI Number

65-0552204

CAPE CORAL FL 33990				•		•				
		83								
		_	_					ioe!	Zip Co	
		84	С	ity			FL	85	zip Co	ae
11. Pursuant t	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the	abov	е-па	med corporation	submits this star	tement for the	purpose of o	hangin	g its re	gistered
office or re	egistered agent, or both, in the State of Florida. Such change was authorize n familiar with, and accept the obligations of, Section 607.0505, Florida St	ed by	the	corporation's boa	ard of directors.	l hereby accep	t the appoin	tment a	is regis	stered
SIGNATURE	(NOTE Parist	and Amer	of nion	ature required when rein	netating)		DATE			<del></del>
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register  OFFICERS AND DIRECTORS  1				DDITIONS/CHA	NGES TO OFF		D DIRE	CTOR	S IN 12
TITLE		TITLE	_					Cha		☐ Addition
NAME		NAME						_	-	
		STREE	T ADD	DEGG						
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NAME		NAME	<b>*</b>	BECC.						
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NAME		NAME								
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NAME	4.	2 NAME								
STREET ADDRESS	4.3	STREE	TADD	RESS						
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TITLE	DELETE 5:	TITLE						Cha	nge	☐ Addition
NAME		NAME								
STREET ADDRESS	5.	STREE	TADD	RESS						
CITY-ST-ZIP		CITY-S	ST-ZIP			•				
TITLE	DELETE 6.	TITLE						☐ Cha	nge	☐ Addition
NAME	63	NAME				$\cdot$				
STREET ADDRESS	6.	STREE	TADE	RESS						
CITY-ST-ZIP	• •	CITY-S	-	I						
14. I hereby c	ertify that the information supplied with this filing does not qualify for the e	xempt	tion :	stated in Section	119.07(3)(i), Flo	rida Statutes. I	further cert	ify that	the inf	ormation

Country

30

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under out; that it am air 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.