## 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

## DOCUMENT # **P95000019930**1. Corporation Name

EURO-FLORIDA CONNECTION, INC.

EUHO-FLC	ORIDA CONNECTION, INC.						
Principal Place of Business Mailing Address							
126 E. JEFFERSO	ON ST.	126 E. JEFFERSON ST.					
SUITE 200 SUITE 200 ORLANDO FL 32901					DO NOT WRITE IN TH	IIS SPACE	
ORLANDO FL 32	801	OHLANDO FL 32001	UNLANDO FE SZOOI		3. Date Incorporated or Qualifed 03/10/1995		
		A Marilla - Address			4. FEI Number	Appli	ied For
2. Principal Place of Business 2a. Mailing Address					59-3304124	Not /	Applicable
Suite Apt #		Suite, Apt. #, etc.	.c.			\$8.75 Ad	ditional
Suite, Apr. #, etc.			Cito.		5. Certificate of Status Desired	Fee Requ	uired
22		City & State		6. Election Campaign Financing	\$5.00 M		
City & State		28		Trust Fund Contribution Added to Fees			
23	Country	Zip	Country		8. This corporation owes the current year	Intangible	٦ ا
Zip			0		Personal Property Tax.		_lNo
24	9. Name and Address of Currer				10. Name and Address of New Register	ed Agent	<u></u>
	5. Name and Address St. St.		81	Name		•	}
J. BE	NNETT GROCOCK, P.A.		82	Street A	Address (P.O. Box Number is Not Acceptable)		
126 (	E. JEFFERSON ST.		02	J. G. C.			
	E 200		83				
ORL/	ANDO FL 32801		-			85 Zip Co	ode
			84	1 1	corporation submits this statement for the purpos oration's board of directors. I hereby accept the a	■¶_ ļ ì	
	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Registered Age		ADDITIONS/CHANGES TO OFFICERS		
12.	OFFICERS A	ND DIRECTORS	13.	<del></del> ,	ADDITIONS/CHANGES TO OFFICE IN	☐ Change	Addition
TITLE	D	☐ DELETE	1.1 TITLE				
NAME	LANKO, JANTINO		1.2 NAME				
STREET ADDRESS	126 E. JEFFERSON ST., STE.	200		ET ADDRESS			}
CITY-ST-ZIP	ORLANDO FL 32801	DELETE	1.4 CITY- 2.1 TITLE			☐ Change	Addition
TITLE		☐ ACTELE	2.1 TITLE				}
NAME				ET ADORESS			
STREET ADDRESS							
CITY-ST-ZIP		DELETE	2. 4 CITY 3.1 TITLE			Change	☐ Addition
TITLE		C 922212	3.2 NAME				
NAME				ET ADDRESS	•	<del>-</del>	Ì
STREET ADDRESS			3.4. CITY				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			☐ Change	Addition
TITLE			4. 2 NAM	E			!
NAME				ET ADDRESS			
STREET ADDRESS			4.4 CITY	ST-ZIP		- Chance	□ Addition
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	1		5.2 NAM	E			
STREET ADDRESS	s			ET ADDRESS	1		
CITY-ST-ZIP			5.4 CITY			☐ Change	Addition
TITLE		☐ DELETE	6.1 TITL				
NAME			6.2 NAM				
STREET ADDRESS	s		6.3 STR	ET ADDRESS	5		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90105 027 \*\*\*150.00