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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P95000041150

EUCLID DALE MABRY CORP.

Principal Place of Business Mailing Address							\neg	1 1 04 11 03 1 (1 0 1610) 8 5131 00 131 00		1886 11886 11887 A	SHEEL MORT LOOK
·			S16 CULBREATH ISLES DRIVE				-				
TAMPA FL 33629 TAMPA FL 33629			3629)				DO NOT WRITE IN THIS SPACE			
								Date Incorporated or Qualifed	TE IN THIS	- NOL	
								05/18/1995			
2 Drive since D	lace of Business	2a Mailing	Addrose	-			$\longrightarrow +$	4. FEI Number		Apr	olied For
Z. Principal P.	lace of business	26	2a. Mailing Address				1	59-3334217		<u> </u>	Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.				-+			\$8.75 A	
אמונט, אףנו	, oto.	27	¬ ' ' '					5. Certifcate of Status Desired		Fee Rec	
City & Stat	e		City & State					6. Election Campaign Financing		\$5.00	May Be
23		28	28				}	Trust Fund Contribution		Added to	
Zip	Country	Zip					8. This corporation owes the curr	ent year Inta			
24	25	29	30					Personal Property Tax.			□No
	9. Name and Address of Cu	rrent Registered Ag	jent					10. Name and Address of New I	Registered A	Agent	
	IN LAWRENCE I				81	Name	t				
BAILIN, LAWRENCE J					82 Street Address (P.O. Box Numb			(P.O. Box Number is Not Accept	able)		
C/O STEARNS WEAVER MILLER WEISSLER, ETC.										.	
401 EAST JACKSON STREET SUITE 2200				83				Ť	•		
IAM	PA FL 33601	•		غمة :	84	. City				85 Zip C	ode
		-							<u>FL</u>		
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508,	Florida Statute change was at	es, the a	bove Lbv	e-named	d corpora coration's	tion submits this statement for the board of directors. I hereby acce	purpose of one of the purpoir	changing its i ntment as reg	registered
agent. I a	m familiar with, and accept the of	oligations of, Section	607.0505, Flor	ida Stat	utes.					_	
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE					Registered Agent signature require			en reinstating) ADDITIONS/CHANGES TO OF	DATE EICERS AN	D DIRECTO	RS IN 12
12.		S AND DIRECTORS	DELETE	13. 1.1 Π	пс		1	ADDITIONS/CHANGES TO CI	TIOLIGO AIT	Change	Addition
TITLE	D D			1.2 N/						<u></u>	
NAME	LEVY, CLIFF	DIVÆ		- 1		ADDRESS					ļ
STREET ADDRESS		iui v C					,				Ì
CITY-ST-ZIP	TAMPA FL 33629		DELETE	2.1 TI	TY-S1	I-ZIP	+			Change	Addition
TITLE	D D						1				_
NAME	LEVY, SIGMUND	FACT CHITE 100		2.2 N/		**********					
STREET ADDRESS	1200 SHEPPARD AVENUE					ADDRESS	'				
CITY-ST-ZIP	WILLOWDALE, ONTARIO C	ANAUA MZRZS-3	DELETE	3.1 TI	ITY-S	I-ZIP	+			Change	Addition
TITLE			>	3.1 II						_ ,	_
NAME	}			•		ADORESS	2				1
STREET ADDRESS							']	•			
CITY-ST-ZIP			DELETE	3.4. C		1-ZIP	+			Change	Addition
TITLE				4.2 N							- }
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TITLE				5.1 N					٠.	_ •	_
NAME						ADDRESS	s				
STREET ADDRESS					TY-\$1						
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TI			+			Change	Addition
				6.2 N						_	
NAME			\sim			ADDRESS	s				}

6.4 CITY-ST-ZIP

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 the 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 altertyment with an addless, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90092 010 ***150.00