

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000045775 (0)

1. Corporation Name

EUBH, INC.



Principal Place of Business

222 LAKEVIEW AVENUE, SUITE 260
WEST PALM BEACH FL 33401

Mailing Address

222 LAKEVIEW AVENUE, SUITE 260
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified

06/06/1995

3a. Date of Last Report

2. Principal Place of Business

21 125 North Avenue

Suite, Apt. #, etc.

22 # 219

City & State

23 Palm Beach, FL

Zip

24 33480

Country

25 USA

2a. Mailing Address

26 125 North Ave

Suite, Apt. #, etc.

27 # 219

City & State

28 Palm Beach, FL

Zip

29 33480

Country

30 USA

4. FEI Number

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

GOTTLIEB, STUART M
222 LAKEVIEW AVENUE, SUITE 260
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

MORRIS KELLER

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

125 NORTH AVE STE 219

83

84 City

Palm Beach

FL

85 Zip Code

33480

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

Morris Keller

MORRIS KELLER

V.P.

6/19/96

Signature typed or printed name of registered agent for this filing

(NOTE: Registered Agent sign at the required when re-registering)

Date

12. OFFICERS AND DIRECTORS

TITLE D
NAME GOTTLIEB, STUART M
STREET ADDRESS 222 LAKEVIEW AVENUE, SUITE 260
CITY-ST-ZIP WEST PALM BEACH FL 33401

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P.I.T.D
Bunnie Keller
125 North Ave #219
Palm Beach, FL 33480

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

V.P.I.D
Morris Keller
125 North Ave #219
Palm Beach, FL 33480

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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-07/01/96--01055--027
***225.00

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:

Morris Keller MORRIS KELLER V.P.

Date

6/19/96 407-835-9190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diagonal Phone

65 711 1041

CR2E034 (12/95)