SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT *Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT** # P95000059071 (7) **EURO TANK EQUIPMENT CORPORATION** Principal Place of Business Mailing Address 422 SOUTH WEST 14TH STREET POST OFFICE BOX 478 **OCALA FL 34474** SILVER SPRINGS FL 34489-0478 3. Date Incorporated or Qualified 3a. Date of Last Report 07/31/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 416 SW 14th St 26 59-3351851 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Ocala, 23 28 Trust Fund Contribution Added to Fees Country Z_{ID} Country 8. This corporation has liability for intrigible tax under s. 199 032 34474 USA 24 25 29 30 Florida Statutes Yes 🔃 No. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FIECH, MANFRED 422 SOUTH WEST 14TH STREET Street Address (P.O. Box Number is Not Acceptable) OCALA FL 34474 83 84 City Zip Code 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 reg stered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of. Section 607,0505, Florida Statutes. SIGNATURE Signature, typical or printed manerical registered agreed and title it applicable (NOTE: Reported Agent sonothing required when recistly not 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3.6)TITLE DELETE 1.1 TITLE Change Addition FIECH, MANFRED NAME 12 NAME 2E034 **422 SOUTH WEST 14TH STREET** STREET ADDRESS 13 STREET ADDRESS OCALA FL 34474 CITY-ST-ZiP 1.4 CITY - \$1 - ZIP DELETE TITLE 2.1 THELE Change Addition ENZ, BETTINA E NAME 2.2 NAME 1629F NORTH EAST 39TH AVENUE STHEET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP OCALA FL 34470 2 4 CP Y - ST ZIF TITLE DELETE 3.1 TITLE ___ Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE TITLE 4.1 DITE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SI-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TUTLE DELETE 6 1 TITLE Add-tion 500001903095 -07/24/96--01015--028 ***450.00 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS CHTY-ST ZIP 6 4 CITY - ST - 7IP ation supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida State 1 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 licer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Stateles, and I do hereby certify that the infor further certify that the information made under oath: that I acrean that my name appears in Bloc or Block 13 if changed, or on an attachment with an address. 6-20-96 (352)629-3700

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TO 4

SIGNATURE: