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Jan 28 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P95000081512 (2)

1. Corporation Name
EUROCOMP INTERNATIONAL INC.



Principal Place of Business

**4280 OAK CIRCLE
BOCA RATON FL 33431
US**

Mailing Address

**4280 OAK CIRCLE
BOCA RATON FL 33431-4206
US**

3. Date Incorporated or Qualified
10/20/1995

3a. Date of Last Report
01/26/1996

4. FEI Number
65-0627964

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

2. Principal Place of Business

21 **1693 NE ARCH AVE**

Suite, Apt. #, etc.

22

City & State

23 **JENSEN BEACH**

24 **34957**

Country

25 **MARTIN**

2a. Mailing Address

26 **1693 NE ARCH AVE**

Suite, Apt. #, etc.

27

City & State

28 **JENSEN BEACH**

29 **34957**

Country

30 **MARTIN**

9. Name and Address of Current Registered Agent

**VERES, ATTILA
9873 LAWRENCE RD. J - 208
BOYNTON BEACH FL 33438**

10. Name and Address of New Registered Agent

81 Name **VERES, ATTILA**

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

83 **1693 NE ARCH AVENUE**

84 City **JENSEN BEACH FL**

85 Zip Code **34957**

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-22-97

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **P VERES, ATTILA**
STREET ADDRESS **9873 LAWRENCE RD J-208**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **P VERES, ATTILA**
1.3 STREET ADDRESS **1693 NE ARCH AVE.**
1.4 CITY-ST-ZIP **JENSEN BEACH FL 34957**

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

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

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

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

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

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

1-22-97

CR2E034 (9/96)