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

PROFIT CORPORATION ANNUAL REPORT



CLORIDA DEPARTMENT OF STATE Sandra B. Morthan

> Secretary of State DIVISION OF CORPORATIONS

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DOCU 1. Corpora	JMENT # P9600)0034776 (0)			, 0	
EUROF	FORGE, INC.				,	
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		A4.33 A.1-1-				<u> </u>
Principal Place of Business Mailing Address #6673 65TH STREET NORTH 13673 65TH STREET NORTH				#th		
40079 65TH STREET NORTH 13073 65TH STREET NORTH LARGO FL 33771-4968					Her Her Land	1 1 4 1
~13	513				04/18/1996	. Date of Last Report
	Principal Place of Business 2a. Mailing Address				4. FEI Number 3383705	Applied For
21 Suito A	26 Suite, Apt #, etc Suite, Apt #, etc.			 	370 330 3700	Not Applicable \$8.75 Additional
22 27		· · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired	Fee Required
		City & State	State		6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for intang	
24	25	29	30		Florida Statutes 10. Name and Address of New Registe	·
- N	9. Name and Address of Cu	rrent Hegistered Agent		1 Name	10. Name and Address of New Registe	red Agent
	JB, JAROMIR		Ľ	THEFT		
8964 109TH AVENUE NORTH LARGO FL 34641			8	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
	MOO I E OTOT I		8	3		······
			8	4 City	•	El 85 Zip Code
11. Pursua	ant to the provisions of Sections 607.	.0502 and 607.1508, Florida Sta	tutes, the abo	ve-named corp	poration submits this statement for the purpo	se of changing its registered
office i	or registered agent, or bioth, in the S I am farr⊴iar with, and accept the o	itate of Florida. Such change wa bliggtions of Section 607 0505	is authorized Florida Statut	by the corpora	tion's board of directors. I hereby accept the	appointment as registered
SIGNATUR		singations of books or poor,	. 10,100 01010		1	
	Signature, typied or printed name of registered agent and title if applicable. (NOTE			opent signature requ		ATE.
12.	OFFICERS PD	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
TITLE	DUB, JAROMIR	בין טנגנונ	1.1 TITL			C. resulte C. vanition
NAME Street Addre	DOOR TOUTH AVERNIE NICHTLE		1.2 NAM	ET ADDRESS		
CITY - ST - ZIP	LARGO FL 34641	,		- ST- ZIP		
TILE	VD	DELETE	2.1 71711			Change Addition
NAME	DUB, JAROMIR JR.		2.2 NAM	ie Ì		
STREET ADDRE		ĨΗ		ET ADDRESS		
CITY-ST-ZIP	LARGO FL 34641			(+ST-ZIP	·	
TITLE	TD	DELETE	3.1 TITL	E		Change Addition
NAMÉ	DUB, KATE	.	3.2 NAM	ł£		
STREET ADDRE		IM	3.3 STRE	EET ADDRESS		
CITY - ST - ZIF	LARGO FL 34641	T 32		Y-ST-ZIP		T100
TITLE	SD DAYE	DELETE	4.1 TITLI	1		☐ Change ☐ Addition
NAME	DUB, PAVEL 38 8964 109TH AVENUE NORT	TH	4. 2 NAM			
STREET ADDAG	LARGO FL 34641	177		EET ADDRESS		
C-TY - ST - ZIP TITLE	ENINO I L VIVI I	DELETE	4.4 CITY 5.1 TITL	-ST-ZIP		Change Addition
NAME		occert	5.2 NAM			Attacks First Lincolling
STREET ADDRÉ	ss			EET ADDRESS		
CITY - S1 - ZIP			1	r-ST-ZIP		,
THEE		DELETÉ	61 TITL			Change Addition
NAME			62 NAM	IE .		
STREET ACIDRE	SS .		63 STA	EET ADDRESS		
CITY-ST-7:P			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

FILED

Secretary of State

6.Feb 19 1997 8:00am