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

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State
03-24-1999 90007 005 ***150.00

0420373

DOCUMENT # P96000034776

1. Corporation Name
EUROFORGE, INC.

Principal Place of Business	Mailing Address
13573 65TH ST N LARGO FL 34641 US	13573 65TH ST N LARGO FL 34641 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
04/18/1996

4. FEI Number **59-3383905** — Applied For / Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business [21]	**2a.** Mailing Address [26]	
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	
City & State [23]	City & State [28]	
Zip [24]	Country [25]	Zip [29]	Country [30]

9. Name and Address of Current Registered Agent	**10.** Name and Address of New Registered Agent
DUB, JAROMIR 8964 109TH AVENUE NORTH LARGO FL 34641	[81] Name [82] Street Address (P.O. Box Number is Not Acceptable) [83] [84] City FL [85] 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 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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS		**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DUB, JAROMIR		1.2 NAME	
STREET ADDRESS	8964 109TH AVENUE NORTH		1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34641		1.4 CITY-ST-ZIP	
TITLE	VD	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DUB, JAROMIR JR.		2.2 NAME	
STREET ADDRESS	8964 109TH AVENUE NORTH		2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34641		2.4 CITY-ST-ZIP	
TITLE	TD	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DUB, KATE		3.2 NAME	
STREET ADDRESS	8964 109TH AVENUE NORTH		3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34641		3.4 CITY-ST-ZIP	
TITLE	SD	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DUB, PAVEL		4.2 NAME	
STREET ADDRESS	8964 109TH AVENUE NORTH		4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34641		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 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, with all other like empowered.

SIGNATURE: _SIGNATURE REQUIRED_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #