## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000059429 (6)

APPROVED AND FILED

1997 NOV -3 AN II: 09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

EUGENE BROTHERS, INC. Principal Place of Business Mailing Address REINSTATEMENT POST OFFICE BOX 487 POST OFFICE BOX 487 NANUET NY 10954 NANUET NY 10954 3. Date Incorporated or Qualified 3a. Date of Last Report 07/15/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 05-0712408 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EUGENE, VLADIMIR 2870 NE 5TH COURT 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33435** 83 300002337783---8 11/04/97--01064--019 84 \*\*\*\*758.7**5**[ 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. SIG (NO1): Registered Agent signature required when reinstating) registered agent and too if applicable OP ICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE® ☐ DELETE ☐ Change Addition 1.1 TITLE President Marie Eugene 2870 NE 576 Ct. NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS Boynton Beach, FL 33435 CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition TITLE Vice President 2.1 TITLE David Eugene 2870 NE 5th cd Bounton Broam FL 33435 Secretary & Treasurer Delite Jeffrey Eugene 2870 NE 5th Cd NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change Addition TITLE 3.1 TO LE NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS Bounton Beach, FL 33435 CITY-ST-ZIP 3.4. CITY - ST - ZIF Change Addition TITLE 417/116 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY - S1 - ZIF TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIF

14. I do hereby certify that the information supplied with this filling 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 offect as if made under oath, that I am an officer or director of the corporation or the repeiver 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 one attackment with an address.

SIGNATURE:

fare 101

10/16/97 (850) 574-8483