


**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90013 008 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000063973**

1. Corporation Name

**AMEURO SPORTBOAT SERVICE SALE AND EXPORT, INC.**

Principal Place of Business

638 NORTH U.S. HWY #115  
TEQUESTA FL 33469

Mailing Address

638 NORTH U.S. HWY #115  
TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1996

4. FEI Number

65-0817302

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

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 1535 Cypress Drive #223 City & State  
Jupiter FL

24 Zip 33469 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 1535 Cypress Drive #228 City & State  
Jupiter FL

29 Zip 33469 30 Country

9. Name and Address of Current Registered Agent

VARGA, ISTVAN  
638 NORTH US HWY 1 #115  
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
1535 Cypress Drive #2

83

84 City Jupiter

FL

85 Zip Code 33469

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.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ISTVAN, VARGA	
STREET ADDRESS	638 NORTH U.S. HWY #115	
CITY-ST-ZIP	TEQUESTA FL 33469	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN '2

1.1 TITLE	P.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ISTVAN VARGA	
1.3 STREET ADDRESS	1535 Cypress Drive #2	
1.4 CITY-ST-ZIP	Jupiter, FL 33469	

2.1 TITLE	V. PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ISTVAN VARGA JR.	
2.3 STREET ADDRESS	1535 Cypress Dr #2	
2.4 CITY-ST-ZIP	Jupiter, FL 33469	

3.1 TITLE	V. PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MIKLOS VARGA	
3.3 STREET ADDRESS	1535 Cypress Dr #2	
3.4 CITY-ST-ZIP	Jupiter, FL 33469	

4.1 TITLE	V. PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VIKTOR VARGA	
4.3 STREET ADDRESS	1535 Cypress Dr #2	
4.4 CITY-ST-ZIP	Jupiter, FL 33469	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. 29. 99

Date

Daytime Phone #

CRF034 (1/1/99)