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

DOCUMENT # P96000076615

1. Corporation Name

EUROSCAN LINE, INC.

May 05, 1999 8:00 am Secretary of State

05-05-1999 90208 003 ***150.00



Principal Place	e of Business	Mailing Addres	S						
1201 OAKFIELD DRIVE #104 1201 OAKFIELD DRIVE #10 BRANDON FL 33511 BRANDON FL 33511									
						DO NOT WRITE IN	THIS SPACE		
						3. Date Incorporated or Qualifed			
						09/13/1996			
Principal Place of Business 2a. Mailing Address						4. FEI Number		Appl	lied For
21	· · · · · · · · · · · · · · · · · · ·					59-3401140		Not.	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			#, etc.			- Continue of Status Desired	\$8.7	7 5 Ad	Iditional
22 27						5. Certifcate of Status Desired	Fe	e Req	uired
City & State City & State						6. Election Campaign Financing	\$5.	00 M	lav Be
23 28						Trust Fund Contribution	,	ded to	-
Zip Country Zip				Country		8. This corporation owes the current year	ar Intangible		
			30			Personal Property Tax.	Yes	Γ	□No
24	25			1		10. Name and Address of New Registe			
	9. Name and Address of Cur	Tent Registered Agent	<u> </u>	81	Name	10. Hame and Address of New Megistr	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
YOUNG, WILLIAM H.								_	
504 LISA LANE				82 Street Address (P.O. Box Number is Not Acceptable)					
BKA	NDON FL 33511			83					
				-			loci	Zio Ci	
				84	City		FL 85	Zip Co	ide
SIGNATURE	Signature, typed or printed name of registered				nt signature requin	ed when reinstating) DAT		OTOF	
12.	OFFICERS	AND DIRECTORS	1	3.		ADDITIONS/CHANGES TO OFFICER			
TITLE	D		DELETE 1.1	TITLE			☐ Cha	nge	☐ Addition
NAME	YOUNG, WILLIAM H		1.2	NAME					
STREET ADDRESS	1201 OAKFIELD DRIVE #10	14	1.3	STREE	TADDRESS				
CITY-ST-ZIP	BRANDON FL 33511		1.4	CITY-S	IT-ZIP				
TITLE				TITLE			Cha	inge	☐ Addition
NAME	 	_	22	NAME					
	.				TADORESS				
STREET ADORESS									
CITY-ST-ZIP				4 CITY-S	ST-ZIP				Addition
TITLE	1	Ц		TITLE			_ 5/10	- a-	
NAME				NAME					
STREET ADDRESS					T ADORESS				
CITY-ST-ZIP				. CITY-S	ST-ZIP				
TITLE			DELETE 4.1	TITLE			☐ Cha	inge	Addition
NAME			4.1	2 NAME					
STREET ADDRESS			4.3	STREE	TADDRESS				
CITY-ST-ZIP			144	CITY-S	T-ZIP				
TITLE				TITLE			☐ Cha	ange	Addition
NAME		_		NAME					
			5.5	STRFF	TADDRESS				
STREET ADDRESS				CITY-S	j				
CITY-ST-ZIP				TITLE	11-211		Cha		☐ Addition
TITLE		Ц	ULLUL IL				☐ Chi	แน้	
NAME				NAME					
STREET VUUDESS	1		6.3	STREE	TADDRESS				

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, of on appearance of the corporation of the receiver or trustee empowered.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

4-12 49 813-661-3800