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 # P97000033832

EURO INTERNATIONAL FINANCING, INC.

Principal Place of Business Mailing Address	in soil sales mes men in a men in a
10381 S TAMIAMI TRAIL 10381 S TAMIAMI TRAIL	
PUNTA GORDA FL 33950 PUNTA GORDA FL 33950	TE IN THIS SPACE
05	TE IN THIS SPACE
3. Date Incorporated or Qualifed 04/15/1997	}
	Applied For
2. Principal Flade of Business	Applied For Not Applicable
	\$8.75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	Fee Required
22 27	
City & State City & State 6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	
	Yes XNo
24 25 29 30 Personal Property Fax. 9. Name and Address of Current Registered Agent 10. Name and Address of New F	
3. Halle and readings of current regions and services are services and services and services and services are services are services and services are services and services are services are services and services are services are services and services are services are services are services are services and services are services are services are services are services are	
GRANDIA, JOHN	<u> </u>
4144 GINGOLD ST 82 Street Address (P.O. Box Number is Not Accepted 19 (1) 1 acide 20 acide 2	inte 204
POT CHARLOTTE FL 33948	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
84 City Eng/Puron	FL 85 Zip Code
	purpose of changing its registered
11. Pursuant to the provisions of Sections 507.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accepagent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.	pt the appointment as registered
agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.	110 100
SIGNATURE WAR ! AMARIAM	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	FICERS AND DIRECTORS IN 12
Ta.	Change C Addition
NAME GRANDIA, JOHN G	ite 204
STREET ADDRESS 4149 GINGOLD ST 13 STREET ADDRESS 1861 Plucida Kood, 34	223
DELETE	Change Addition
	Courage Character
NAME 22 NAME	•
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 2.4 CITY-ST-ZIP	Change Addition
TITLE DELETE 3.1 TITLE	
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	Change Addition
TITLE DELETE 4.1 TITLE	☐ Change ☐ Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	•
STREET ADDRESS 4.3 STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<u> </u>
	☐ Change ☐ Addition
CITY-ST-ZIP 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP	☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐
CITY-ST-ZIP	

The does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an under empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this fill indicated on this annual report or supplied annual reference or director of the corporation or the receives or the Block 12 or Block 13 if changed, or on an attachment with the supplied of the receives or the supplied of the receives or the supplied of the supplied of

6.4 CITY+ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90009 041 ***150.00