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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000042740 (5)

EURO INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

FILED Apr 24 1998 8:00am Secretary of State



5007 LONGBOAT BOULEVARD TAMPA FL 33615		5007 LONGBOAT BOULEVARD TAMPA FL 33615		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 05/14/1997		
- 122 in	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21 77/0 .	BRECKENICIOGE PKWY	26 59/0 BKECKE	NKIK	E. PKWI.	59-3448301	· · · · · · · · · · · · · · · · · · ·	ot Applicable
Suite, Apt. #, etc. 22		State, Apt. #, etc.			5. Certificate of Status Desired	Fee Required	
23 TAMPA, FL		City & State 28 TAMPA, FL		6. Election Campaign Financing Trust Fund Contribution	71000010100		
24 33 G	010 25 USA	d	Countr	SA	This corporation owes or has paid the Personal Property Tax due June 30.	☐ Yes ☐	tangible ☑ No
444	9. Name and Address of Current I	Registered Agent	81	Name	10. Name and Address of New Regist	ered Agent	
	NEY, RICHARD H ESQ						
101 EAST KENNEDY BOULEVARD #3170			82	82 Street Address (P.O. Box Number is Not Acceptable) 83			
			83				
I rNr	MFA FE 33002						
			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 agont and third applicable. (NOTE Registered Agont signature required when reinstating). DATE							
12.	OFFICERS AND I	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	PVST	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	\$ CHULTE, DIRK		1.2 NAME				
STREET ADDRESS	5007 LONGBOAT BOULEVARD		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	<u>TAMPA FL 33615</u>		1.4 CHTY-5	ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	SCHULTE, DIRK		2.2 NAME				
STREET ADDRESS	5007 LONGBOAT BOULEVARD			I ADDRESS			
CITY-ST-ZIP TITLE	TAMPA FL 33615	Drutte	2. 4 CITY-	ST-ZIP		<u> </u>	10000
=		☐ DELET e	3.1 TITLE			☐ Change	L. Addition
NAME CTOSET ADODGEC			3.2 NAME				
STREET ADDRESS CITY-ST-ZIP				ADDRESS			
TITLE			3.4. City - 4.1 TITLE	51-2IP	*****	Change	Addition
NAME			4. 2 NAME			ondingo	L / Notition
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ſ			
TITLE		DELETE	5.1 TITLE			Change	☐ Addition
NAME			52 NAME				1
STREET ADDRESS			5 3 STREET	ADDRESS			
CATY-ST-ZIP			5.4 CITY - 9	61 - ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP		. Acc	6.4 CITY - 9				
14. Thereby 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 effect as if made under oath; that I am an officer or director of the conformation in the receiver infrinsect 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 in an attaching with an address.							