

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

FILED  
Feb 23 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000067744 (7)

1. Corporation Name

EURO HOMES IV, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2558  
PALM BEACH FL 33580-2558

P.O. BOX 2558  
PALM BEACH FL 33580-2558

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1997

4. FEI Number

65-0778072

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 277 ROYAL POINCIANA  
WAY

26 P.O. BOX 2558

22 Suite, Apt. #, etc.  
STE 102

27 Suite, Apt. #, etc.

23 City & State  
PALM BEACH FL

28 City & State  
PALM BEACH FL

24 Zip  
33480

25 Country  
U.S.A

29 Zip  
33480

30 Country  
U.S.A

9. Name and Address of Current Registered Agent

CIOMEK, ZDZISLAW  
125 WORTH AVENUE  
SUITE 318  
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
CIOMEK, ZDZISLAW  
STREET ADDRESS P.O. BOX 2558318  
CITY-ST-ZIP PALM BEACH FL 33580-2558

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME P

1.3 STREET ADDRESS CIOMEK, ZDZISLAW

1.4 CITY-ST-ZIP P.O. BOX 2558

2.1 TITLE PALM BEACH, FL 33480

2.2 NAME 277 ROYAL POINCIANA WAY

2.3 STREET ADDRESS PALM BEACH FL 33480

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE

1/28/98 (561) 655-5538

CR2E034 (10/97)