

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90016 009 \*\*\*158.75

**DOCUMENT # P97000067744**

1. Corporation Name  
**EURO HOMES IV, INC.**



Principal Place of Business  
**277 ROYAL POINCIANA WAY  
STE 102  
PALM BEACH FL 33480  
US**

Mailing Address  
**P.O. BOX 2558  
PALM BEACH FL 33480  
US**

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 ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees

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

2. Principal Place of Business  
21 **249 PERUVIAN AVE**

2a. Mailing Address  
26 Suite, Apt. #, etc.

22 **STE F-5**

27 Suite, Apt. #, etc.

23 **PALM BEACH, FL**

28 City & State

24 **33480** 25 **USA**

29 Zip

30 Country

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 **CIOMEK, ZDZISLAW**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**249 PERUVIAN AVE**  
83 **STE F-5**  
84 City **PALM BEACH** 85 **FL** 86 Zip Code **33480**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	CIOMEK, ZDZISLAW	277 ROYAL POINCIANA WAY	PALM BEACH FL 33480	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P	CIOMEK, ZDZISLAW	249 PERUVIAN AVE, STE F-5	PALM BEACH, FL 33480	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

01/17/99 150/KST/033  
Date Daytime Phone #

CR2E034 (11/98)