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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9700070018

ELIDODDANING CORPORATION

## FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90101 010 \*\*\*150.00

EUROBRANDS CORPORATION									
Principal Place of Business	Mailing Address			1 196/1001 116 (1		1914 <b>BB</b> 141 1 <b>94</b>		11WS 143WH 1 W11 SWI	11
2110 ARIELLE DRIVE. #106	2110 ARIELLE DRIVE. #106								
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				3. Date Incorporate		Ninisa	PACE		
				. 08/04/1997	d or Quamed			,	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number				Applied For	
<del></del>	26			<sup></sup> 59-3483533	•			Not Applicat	le
Suite, Apt. #, etc.	Suite, Apt. #, etc.							5 Additional	_
22	27				us Desired	_	Fee	Required	
City & State	City & State	<del></del>		6. Election Campaig	gn Financing		\$5.0	<b>0</b> May Be	
23	28			Trust Fund Contr	ibution	<u>.</u>	Adde	d to Fees	]
Zip Country	Zip	Count	У	8. This corporation	owes the current				
24 25	29	30		Personal Propert	<u> </u>		_ Yes	ZNo.	
9. Name and Address of Curren	t Registered Agent		41 11	10. Name and Addr	ess of New Reg	stered A	gent		_
ZAKS, JOSEPH D		8	1 Name						
4501 TAMIAMI-TRAIL NORTH		8		ddress (P.O. Box Number i					
SUITE 300		Ļ	१०	1 ANCHOR	X826	DR_			-
NAPLES FL 34103		8	ە ∫ ا	1TE 203					
MARIES IE STIUS		8	4 400	JAPLEY	. <del>-</del>	FL	85 <u>Z</u>	ip Code	
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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 teport 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 opporation 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

January 5, 1989

Davtime Phone #

:R2E034 (11/98