


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

FILED  
Feb 19, 1999 8:00 am  
Secretary of State

02-19-1999 90009 038 \*\*\*150.00

0321246

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P97000080367

1. Corporation Name  
EUROSOFT CORPORATION

Principal Place of Business 777 SOUTH FLAGLER DRIVE 8TH FLOOR WEST TOWER WEST PALM BEACH FL 33401 US	Mailing Address 777 SOUTH FLAGLER DRIVE 8TH FLOOR WEST TOWER WEST PALM BEACH FL 33401 US
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/16/1997

4. FEI Number 22-3538310	Applied For <input type="checkbox"/> 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAM H LUCKMAN  
777 SOUTH FLAGLER DRIVE  
8TH FLOOR WEST TOWER  
WEST PALM BEACH FL 33401

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LUCKMAN, WILLIAM H	
STREET ADDRESS	777 SOUTH FLAGLER DRIVE, 8TH FL	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	OTS	<input type="checkbox"/> DELETE
NAME	LUCKMAN, WILLIAM H	
STREET ADDRESS	777 South Flagler Drive, 8th FL	
CITY-ST-ZIP	WPB, 33401	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	DAVID YANCY	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	NIGEL KAUFMAN	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE	Robert Hoehl	<input type="checkbox"/> DELETE
NAME	DIRECTOR	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Dennis Woodfield	
STREET ADDRESS	SAME	
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:  W. H. Luckman 1/6/99 561-820-9432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)