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APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, 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 APPLICABLE, OR AS AN ATTACHMENT TO THIS REPORT.

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000059755 1. Corporation Name EURO REALTY, INC.			
Principal Place of Business 1507 S.E. 47TH TERRACE CAPE CORAL FL 33904		Mailing Address 1507 S.E. 47TH TERRACE CAPE CORAL FL 33904	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country	
9. Name and Address of Current Registered Agent DI BENEDETTI, CATHERINE C 1507 S.E. 47TH TERRACE CAPE CORAL FL 33904		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code	
11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaking)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	

SIGNATURE: _____

Lorraine B. Anthony

10/6/99

941-549-3101

CR2034 (5/99)