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

PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
2000 1999			
DOCUMENT # P98000079651			
1. Corporation Name EUROPHARM, INC.			
Principal Place of Business 11590 SEMINOLE BOULEVARD SUITE A11 LARGO FL 33778		Mailing Address 11590 SEMINOLE BOULEVARD SUITE A11 LARGO FL 33778	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 09/10/1998	
2a. Mailing Address		4. FEI Number 59-3532214	
21. Suite, Apt. #, etc.		Applied For Not Applicable	
22. City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23. Zip		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
24. Country		7. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☐ No	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BINES, SHIMON 11590 SEMINOLE BOULEVARD SUITE A11 LARGO FL 33778		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 _____ DATE _____			
(NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ☐ DELETE		1.1 TITLE ☐ Change ☐ Addition	
NAME PSTD BINES, SHIMON		1.2 NAME	
STREET ADDRESS 11590 SEMINOLE BOULEVARD, SUITE A11		1.3 STREET ADDRESS	
CITY-ST-ZIP LARGO FL 33778		1.4 CITY-ST-ZIP 3300003170	
TITLE ☐ DELETE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE ☐ DELETE		3.1 TITLE ☐ Change ☐ Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE ☐ Change ☐ Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE ☐ Change ☐ Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE ☐ Change ☐ Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: <i>Shimon Bines</i>		3-31-99 (727) 398-5050	
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
<i>Shimon Bines</i>		1-19-00	

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