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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90002 042 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000093090

1. Corporation Name

NASH EURO HOLDING, INC.

Principal Place of Business

26511 CLARKSTON DRIVE
BONITA SPRINGS FL 34135

Mailing Address

26511 CLARKSTON DRIVE
BONITA SPRINGS FL 34135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1998

4. FEI Number

☒ Applied For
☐ 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

21 4419 Del PRADO BLVD

Suite, Apt. #, etc.

22 SUITE #6

City & State

23 CAPE CORAL FL

Zip

24 33904

Country

25 USA

2a. Mailing Address

26 4419 Del PRADO BLVD

Suite, Apt. #, etc.

27 SUITE #6

City & State

28 CAPE CORAL, FL

Zip

29 33904

Country

30 USA

9. Name and Address of Current Registered Agent

ELKINS, ALAN J
2101 WEST COMMERCIAL BLVD.
SUITE 5400
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

Golden B, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

4419 Del PRADO BLVD

83

SUITE #6

84 City

CAPE CORAL

FL

85 Zip Code

33904

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 Juergen Wevers Golden B, Inc., President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-04-99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME WEYERS, JUERGEN
STREET ADDRESS 26511 CLARKSTON DRIVE
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☒ Change ☐ Addition
1.2 NAME WEYERS, JUERGEN
1.3 STREET ADDRESS 4419 Del PRADO BLVD #6
1.4 CITY-ST-ZIP CAPE CORAL, FL 33904

2.1 TITLE PRESIDENT/TRES/SEC ☒ Change ☐ Addition
2.2 NAME REBECCA ATTILA
2.3 STREET ADDRESS 4419 DEL PRADO BLVD, SUITE #6
2.4 CITY-ST-ZIP CAPE CORAL, FL 33904

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: JUERGEN WEYERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-04-99 941-541-2266

Date

Daytime Phone #

CR2E034 (11/98)