## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

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## Apr 23, 2004 8:00 am Secretary of State DOCUMENT # P99000058196 04-23-2004 90214 028 \*\*\*158.75 1. Entity Name EURO XVI, INC. Principal Place of Business Mailing Address 54039423 4300 W CYPRESS ST. 4300 W CYPRESS ST. STE. 1075 STE. 1075 TAMPA, FL 33607 TAMPA, FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-3589072 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMEURCO MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 4300 W CYPRESS ST. STE 1075 TAMPA, FL 33607 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. XECUTIVE VICE PY ESIGNIA Change TITLE Delete. TITLE Michael E Spiker 1300 W. Cypress St., Swi Tampa FL 33407 NAME BURDGE, BRUCE D NAME 4300 W. CYPRESS ST. STE. 1075 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 CITY-ST-ZIP Addition **D**elete TITLE Change TITLE MARKE BESSEM, HERMAN NAME STREET ADDRESS KONINGINNEGRACHT 7, POST BUSS 16355 STREET ADDRESS THE NETHERLANDS, 2500bi CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change **X** Addition BESSEM, HERMAN NAME NAME ute 1 4300 W. CYPRESS ST., SUITE 1075 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 CITY-ST-ZIP TITLE **X** Delete TITLE DE JAEGER, ROMAIN NAME NAME KONINGINNEGRACHT 7, 2514 AA DEN HAAG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP THE NETHERLANDS. CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS $\mathbf{c}$ CHTY-S1-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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. Flusher certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I can an officur 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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