


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90214 029 \*\*\*158.75

<b>DOCUMENT # P99000058198</b> 1. Entity Name <b>EURO XVII, INC.</b>						
Principal Place of Business <b>4300 W CYPRESS STREET 1075 TAMPA, FL 33607</b>			Mailing Address <b>4300 W CYPRESS STREET 1075 TAMPA, FL 33607</b>			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip		Country		4. FEI Number <b>59-3589075</b>		
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
<b>AMEURCO MANAGEMENT, INC. 4300 W CYPRESS STREET SUITE 1075 TAMPA, FL 33607</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP BURDGE, BRUCE D 4300 W CYPRESS STREET, SUITE 1075 TAMPA, FL 33607</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP Michael E. Spiker 4300 W. Cypress St., Suite 1075 Tampa, FL 33607</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BESSEM, HERMAN KONINGINNEGRACHT 7, POSTBUS 16355 2500 BJ DEN HAAG, NE</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Romain De Jaeger 4300 W. Cypress St., Suite 1075 Tampa, FL 33607</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BESSEM, HERMAN 4300 W. CYPRESS ST., STE 1075 TAMPA, FL 33607</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Herman Bessem 4300 W. Cypress St., Suite 1075 Tampa, FL 33607</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DE JAEGER, ROMAIN KONINGINNEGRACHT 7 2514 AA DEN HAAG, NE</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary Romain De Jaeger 4300 W. Cypress St., Suite 1075 Tampa, FL 33607</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Michael E. Spiker 4300 W. Cypress St., Suite 1075 Tampa, FL 33607</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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. I further 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
<b>SIGNATURE: <u>Me 50c Sp</u> 4/20/04 813-353-8800</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						