

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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S40788 (9)

1. Corporation Name
EURO-VILLAGE, CORP.

97 SEP 29 PM 1:37

STATE OF FLORIDA



Principal Place of Business
**1670 EDITH ESPLANADE
CAPE CORAL FL 33904**

Mailing Address
**1670 EDITH ESPLANADE
CAPE CORAL FL 33904**

3. Date Incorporated or Qualified **03/25/1991** 3a. Date of Last Annual Report

4. FEI Number **65-0252184**

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

8. This corporation has liability for intangible Florida Statutes Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip Country

9. Name and Address of Current Registered Agent

**MANSSON, ANDERS
1670 EDITH ESPLANADE
CAPE CORAL FL 33904**

10. Name and Address of New Register

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* 7/15-97
(Signature types of both current registered agent and that of applicant) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MANSSON, ANDERS	
STREET ADDRESS	1670 EDITH ESPLANADE	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	400002300794
1.4 CITY - ST - ZIP	10/01/97-010734
2.1 TITLE	*****550.00
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not contain any false or misleading information; that the information indicated on this annual report or supplemental annual report is true and correct; that I am an officer or director of the corporation or the receiver or trustee and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*