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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V11468

EUROPEAN STREET OF REGENCY, INCORPORATED

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90079 034 \*\*\*150.00



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Principal Place	e of Business	Mailing Address					*************		
9501 ARLINGTON EXPRESSWAY 9501 ARLINGTON EXPRESSV									
JACKSONVILLE FL 32225 JACKSONVILLE FL 322						DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualifed			
						01/28/1992			
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number		Ap	plied For
21 26 / 7			1704 San Marco Blut.			59-3105540	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	
22		27						Fee Re	<del></del> {
City & Stat	te	City & State  28 Jackson	2410		FL	Election Campaign Financing     Trust Fund Contribution		\$5.00 Added 1	, I
Zip	Country	Zip Zip		intry			ront voor Inte		10 Lees
24 24	25	29 32207			uval	<ol> <li>This corporation owes the cur Personal Property Tax.</li> </ol>	rent year into	Yes	□No
2-7	9. Name and Address of Currer		1001	7	<del></del>	10. Name and Address of New	Registered .	Agent	
				81	Name				
MALONE, MARY M.				82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
9501 ARLINGTON EXPRESSWAY						Officer Address (F.S. 2004 Names) is Net Association,			
JACI	KSONVILLE FL 32225			83					
				84	City		FL	85 Zip (	Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Stati	ites, the a	bovi	e-named corpo	ration submits this statement for the	nurnose of	i changing its	registered
office or r	registered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Such change was	authorized	d by	the corporation	n's board of directors. I hereby acce	pt the appoir	itment as re	gistered
SIGNATURE									
42	Signature, typed or printed name of registered age	nt and title if applicable. (NO'  ND DIRECTORS	E: Registered	Ager	nt signature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO	)RS IN 12
12. TITLE	PVTS	DELETE	1.1 TI	TLE		ADDITIONS/CHANGES TO CI	I ICENS AN	Change	Addition ≥
NAME	MALONE, MARY M.	<u></u>	1.2 N/					_	,
STREET ADDRESS	5923 SAXONY WOODS LANE		1351	REE	T ADDRESS			. ,	, ,
CITY-ST-ZIP	JACKSONVILLE FL		1.4 C		j	Ė	$Z_{i}^{\mu}\rho C_{i}$	de 3	ן <i>וובנ</i> י:
TITLE		☐ DELETE	2.1 TI	TLE		1 11 11 11 11 11 11		Change	Addition
NAME			2.2 N/	ME					
STREET ADDRESS			2.3 81	REE	TADDRESS				
CITY-ST-ZIP	1		2.40	TTY-S	ST-ZIP				
TITLE		☐ DELETE	3 1 TI	TLE		-		Change	☐ Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	TREE	TADDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			ST-ZIP				
TITLE		☐ DELETE	4.1 ∏					Change	☐ Addition
NAME			4. 2 N						{
STREET ADDRESS					TADORESS				Ì
CITY-ST-ZIP		O OFFICE	4.4 CI		T-ZIP			[**] Change	Addition
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NAME					T ADDRESS				
STREET ADDRESS					T-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TI		1-21	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME		_ 000010	6.2 N						
STREET ADDRESS					TADDRESS				}
CITY OT 710					T-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.

Mary M. Malone SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR