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

PROFIT CORPORATION **ANNUAL REPORT**

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

(5)

EUROPA RESTAURANT, INC.

FILED Apr 02 1998 8:00am Secretary of State



									P(B(#310#30#)	
Principal Place of Business Mailing Address						1 14 511 613 516 11 519 11 517	41917 61611			
12125 INDIAN ROCKS RD 12125 INDIAN ROCKS RD										
LARGO FL 33	3774	LARGO FL 33774 US				DO NOT WRITE IN THIS SPACE				
03		03				3. Date Incorporated or Qualified				7
						03/19/1992				
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For				
21		26	26			59-3114496			Not Applicable	c
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional	
22		27				Commode of Oracoa Desired		Fee	Required	\Box
City & Stat	te	<u>⊢</u> '	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution					
Zip	Country	<u>├</u> ──┐ `	Zip Country			8. This corporation owes or has paid the current year Intangible				
24	25 9. Name and Address of Currer	29 Agent				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				\dashv
		II LIABISIAIAN WASIII		81	Name	IU. Haille ally Address Of New M	- Aletaian	-goill		\dashv
	KOLIC, STEVE								<u></u>	_
	9 41ST AVENUE N.E.			82	Street Addr	reet Address (P.O. Box Number is Not Acceptable)				
) SI.	. PETERSBURG FL 33703			83						\dashv
								·· • · · · · · · · · · · · · · · · · ·		╛
				84	City	_	 FL	85 Z	ip Code	
11. Pursuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Stati	utes, the al	bove	-named corn	poration submits this statement for the		changin	n its registered	1
office or r	registered agent, or both, in the State	of Florida. Such change was	s authorized	d by	the corporat	poration submits this statement for the ion's board of directors. I hereby acce	pt the app	ointment	as registered	
	arrivacional with and accept the oblig	audis di, pedion 607.0505, f	ionua sial	ules.						1
SIGNATURE	Signature, typed or printed name of registered agr	ent and tille if applicable. (NC	OTF: Registerer	d Ager	nt signature requir	rea when reinstating)	DATE			_
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				_ \b
TITLE	D	DELETE	1.1 TI	TLE				Chang	e 🔲 Addition	CB2F034 (10/97)
NAME	NIKOLIC, STEVE			AME						7
STREET ADDRESS	759 41ST AVE. N.E.	1.3 ST	REET A	ADDRESS					Ü	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CI			-ZIP					_[%
TITLE	0	☐ DELET E	21 Til	TLE				☐ Chang	e 🔲 Addition	ijΟ
NAME	NIKOLIC, MARY	2.2 t								1
STREET ADDRESS	769 41ST AVE. N.E.				STREET ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL				-ST-ZIP					_
TITLE		☐ DELETE	3.1 (1)	1LE				Chang	e 🔲 Addition	1
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 ST	REET A	ADDRESS					
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		ITY-ST	r-ziP			T 1 2		_
TITLE		☐ DELET É	4.1 Til					Chang	e 🔲 Addition	1
NAME			4. 2 N	AME						
STREET ADDRESS			4.3 \$1	REET A	ADDRESS					
CITY-ST-ZIP				1Y-\$T	- ZIP					_
TITLE		DELETE	5.1 111	ILE	Ì			☐ Chang	e 🔲 Addition	1
NAME			5.2 NA	ME						Ė,
STREET ADDRESS			5.3 ST	REET A	ADDRESS					في
CITY-ST-ZIP			5.4 Ci		-ZIP					
TITLE	DELETE 6.1		6.1 TiT					Chang	e 🔲 Additir	
NAME			6.2 NA	ME						
STREET ADDRESS					ADDRESS					
CITY_CT_ 7ID			64.00	tv.st.	. 2ID					

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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I are officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears Block 12 or Block 13 if changing or on an attachment with an address.