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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#
 Corporation Name 	

V42399

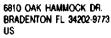
(8)

EUROMART, INC.

Principal Place of Business 6810 OAK HAMMOCK DR.

BRADENTON FL 34202-9773

Mailing Address





	00			00				3. Date Incorporated or Qual 06/08/1992	ified 3a.	. Date of Last Report 04/12/1995
2. 21	Principal Place of Busin	ess	2a. 26	Mailing Address	0 <			4. FEI Number 65-0340793		Applied For Not Applicable
22	Suite, Apt. #, etc.	nt onle	27	Suite, At Ame	-иэ -			5. Certificate of Status Desire	ed 🔀	\$8.75 Additional Fee Required
23	City & State A 5	ADO	28	City & State 180V	C			6. Election Campaign Finance Trust Fund Contribution	ing 🔲	\$5.00 May Be Added to Fees
24	Z ip	Country 25	29	Zip	30 Cou	intry		8. This corporation has liabili Florida Statutes	ty for intang] Yes 💢	-
	9, Name	and Address of Cu	rrent Regis	tered Agent				10. Name and Address of N	lew Regist	tered Agent
						81	Name			
6810 OAK HAMMOCK DR.				82	Street Addre	ess (P.O. Box Number is Not Acc	ceptable)			
				В3						
						84	City			FL 85 Zip Code
1	or registered agent, or	sions of Sections 607.0 r both, in the State of F ept the obligations of, S	Torida, Such	n change was authoriz	ed by the	ove-n corpo	amed corpora oration's boar	ation submits this statement for t d of directors. I hereby accept th	ne purpose e appointm	of changing its registered office ent as registered agent. I am

SIGNATURE Synature, typed or protest name of rejection agric, and the if agrit, able. (NOTE, Rig steed Agric signature required when recolably) DATE						
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Р	DELETE	1. 1 TITLE	Change Addition		
NAME	HAMILTON, RICHARD A		1.2 NAME			
STREET ADDRESS	6810 OAK HAMMOCK DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34202-9773		14 CITY-ST-ZIP			
TITEE	ST	DELETE	2 1 THUE	Change Addition		
NAME	LEEDY, EUGENE B		2.2 NAME			
STREET ADDRESS	1502 TWISTING TREE LANE		2.3 STREET ADDRESS			
CITY - ST - ZIP	MCLEAN VA 22101		2.4 CilY-ST-7 P			
TITLE		DELETE	3 1 TITLE	Change Addition		
NAME			3 2 N4ME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3 4 CITY - ST - ZIP			
TITLE		☐ DELETE	4 1 TITLE	☐ Change ☐ Addition		
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-7IP			4.4 City - St - ZiP			
TITLE		□ DELETE	5 1 TITLE	Change Addition		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 C(TY - ST - 7)P			
TITLE		☐ DELETE	6 1 TITLE	Change Addition		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP			6.4 CITY - ST - ZIP	0 2/04/ 50 14 0 16 15		

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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

SIGNATURE: Kuhand a Hamilton AME OF SIGNING OFFICER OR DIRECTOR HAMILTON 4-09-96 941-739-2155

CR2E034 (12/95)