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

**FILED** Mar 25 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V53192 (3)EUROPEAN GOODIES, INC. Principal Place of Business Mailing Address 4701 49TH STREET NORTH 4701 49TH STREET NORTH ST. PETERSBURG FL 33709 ST. PETERSBURG FL 33709 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/23/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3134846 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Country Zio Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name ZABOLOTNY, ZYGMUNT STEVE Zabolotny, Steve 8800 49TH STREET NORTH Street Address (P.O. Box Number is Not Acceptable) 19321 US Hwy 19 North 82 **SUITE 406-5** 83 PINELLAS PARK FL 34666 Ste C 601 84 City 85 33764 Clearwater 11, Pursuant to the provisions of Sections 607.050? and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a property of the appointment as registered agent. I am familiar with a property of the appointment as registered agent. I am familiar with a property of the appointment as registered agent. I am familiar with a property of the appointment as registered agent. I am familiar with a property of the appointment as registered agent. I am familiar with a property of the appointment as registered agent. I am familiar with a property of the appointment as registered agent. I am familiar with a property of the appointment as registered agent. I am familiar with a property of the appointment as registered agent. I am familiar with a property of the appointment as registered agent. I am familiar with a property of the appointment as registered agent. I am familiar with a property of the appointment as registered agent. I am familiar with a property of the appointment as registered agent. I am familiar with a property of the appointment and a property of the appointment as registered agent. I am familiar with a property of the appointment as registered agent. I am familiar with a property of the appointment as registered agent. I am familiar with a property of the appointment and a property of the appointment and a property of the appointment as a property of the appointment and a property of the appointment as a property of the appointment and a property of the appointment as a property of the appointment and a property of the appointment and a property of the appoin 01/28/1998 Steve Zabolotny SIGNATURE deut and the if anol-cable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. ☐ DELETE Change Addition TITLE 1.1 TITLE KULAGOWSKI, WIESLAW NAME 1.2 NAME 1050 BOCA CIEGA ISLE DRIVE 1.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 2.1 TITLE Change Addition TITLE KULAGOWSKI, ELIZABETH 2.2 NAME NAME 1050 BOCA CIEGA ISLE DRIVE 2.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG BEACH FL CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE Change 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS ·25 CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. Thereby 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 clanged, or the receiver of the address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President 01/28/98 813 526-1118

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