

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

001324

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90058 045 ***150.00

DOCUMENT # V69753

1. Corporation Name
EUROBAITA I, INC.

Principal Place of Business
1777 NORTHEAST EXPRESSWAY
145
ATLANTA GA 30329
US

Mailing Address
1777 NE EXPRESSWAY
145
ATLANTA GA 30329
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/07/1992

2. Principal Place of Business

21 **4350 W. Cypress Street**

2a. Mailing Address

26 **4350 W. Cypress Street**

4. FEI Number
59-3145497

Applied For
Not Applicable

Suite, Apt. #, etc.

22 **250**

Suite, Apt. #, etc.

27 **250**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 **Tampa, FL**

City & State

28 **Tampa, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country

24 **33607** 25 **USA**

Zip Country

29 **33607** 30 **USA**

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCHNEIDER, RETO J.
8130 BAYMEADOWS WAY WEST
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name **AMEURCO MANAGEMENT, INC**
82 Street Address (P.O. Box Number is Not Acceptable)
4350 W. Cypress Street, Suite 250
83
84 City **Tampa** FL 85 Zip Code **33607**

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 changing its registered office or 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 as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **F. H. Bombeck VP AMEURCO MANAGEMENT INC**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **2/4/99**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	SCHNEIDER, RETO J	8130 BAYMEADOWS WAY W	JACKSONVILLE FL	<input checked="" type="checkbox"/>
VP	KOLEOS, DAVID J	8130 BAYMEADOWS WAY W	JACKSONVILLE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
VP	BOMBEECK, FRANK H.	4350 W. CYPRESS STREET	TAMPA, FL 33607	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

FRANK H. BOMBEECK

2/4/99

813-353-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)