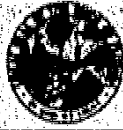


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrland
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

25 MAY -1 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 840616 (7)
1. Corporation Name
EUROPCO MANAGEMENT COMPANY OF AMERICA

Principal Place of Business Mailing Address
--1600 BLUEWATER BLVD-- **--4400 HWY 20 EAST--**
--P.O. BOX 406-- **--304--**
NICEVILLE FL 32578 **NICEVILLE FL 32568--**
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 **4400 Hwy 20 E** 26 **P.O. Box 5220**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 304** 27
City & State City & State
23 **Niceville, FL** 28 **Niceville, FL**
Zip Country Zip Country
24 **32578** 25 **USA** 29 **32578** 30 **USA**

3. Date Incorporated or Qualified **05/08/1978** 3a. Date of Last Report **04/27/1994**
4. FEI Number **58-1306439** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WEAVER, DAVID C
4400 HWY 20 EAST, SUITE 304
NICEVILLE, FL
32578

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE D	KING, JAMES T 28 ECCLESTON SQUARE LONDON SW3 ENGLAND
TITLE V	WEAVER, DAVID C 4400 HWY 20 EAST, SUITE 304 NICEVILLE FL
TITLE DP	ZIVAN, JEROME A 4400 HWY 20 EAST, SUITE #304 NICEVILLE FL
TITLE ST	HARRIS, HELENE R. 4400 HWY 20 EAST, SUITE #304 NICEVILLE FL
TITLE S	VAUGHN, JANELLE G. 4400 HIGHWAY 20 EAST STE 304 NICEVILLE FL
TITLE	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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, changed, or on an addition with an address.

SIGNATURE: *Helene R. Harris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Helene R. Harris, Sect/Treasurer

April 25, 1995 904-897-6430
(Date) (Telephone Number)