

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 840616 (7)

1. Corporation Name
EUROPCO MANAGEMENT COMPANY OF AMERICA



Principal Place of Business: 4400 HWY 20 E, SUITE 304, NICEVILLE FL 32578, US
Mailing Address: P.O. BOX 5220, NICEVILLE FL 32578, US

3. Date Incorporated or Qualified: 05/08/1978
3a. Date of Last Report: 05/01/1995
4. FEI Number: 58-1306439
5. Certificate of Status Desired: KX \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 4540 Hwy 20, East, Niceville, FL 32578
2a. Mailing Address: P.O. 5220, Niceville, FL 32578
23. City & State: Niceville, FL 32578
24. Zip: 32578

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
B1 Name: David C. Weaver
B2 Street Address (P.O. Box Number is Not Acceptable): 4540 Hwy. 20 East
B3
B4 City: Niceville, FL B5 Zip Code: 32578

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: *David C. Weaver* David C. Weaver 4/23/96
Signature, typed or printed name of registered agent if no title is applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, JAMES T	
STREET ADDRESS	26 ECCLESTON SQUARE	
CITY-ST-ZIP	LONDON SW3 ENGLAND	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEAVER, DAVID C	
STREET ADDRESS	4400 HWY 20 EAST, SUITE 304	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ZIVAN, JEROME A	
STREET ADDRESS	4400 HWY 20 EAST, SUITE #304	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HARRIS, HELENE R.	
STREET ADDRESS	4400 HWY 20 EAST, SUITE #304	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VAUGHN, JANELLE G.	
STREET ADDRESS	4400 HIGHWAY 20 EAST STE 304	
CITY-ST-ZIP	NICEVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4540 Hwy. 20, East
2.4 CITY-ST-ZIP	Niceville, FL 32578
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4540 Hwy. 20, East
3.4 CITY-ST-ZIP	Niceville, FL 32578
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	4540 Hwy 20 East
4.4 CITY-ST-ZIP	Niceville, FL 32578
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	4540 Hwy 20 East
5.4 CITY-ST-ZIP	Niceville, FL 32578
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 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: *Jerome A. Zivan* Jerome A. Zivan, President 4/23/96 904-897-6430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)