

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

FILED
May 13 1997 8:00am
Secretary of State



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

PROFIT CORPORATION
 ANNUAL REPORT
1997

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



Principal Place of Business
4540 HWY 20 E
SUITE 304
NICEVILLE FL 32578
US

Mailing Address
PO BOX 5220
304
NICEVILLE FL 32578-5220
US

3. Date Incorporated or Qualified **05/08/1978** 3a. Date of Last Report **05/01/1996**
 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**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
WEAVER, DAVID C
4540 HWY 20 E
NICEVILLE, FL
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 <input type="checkbox"/> DELETE |
| NAME | KING, JAMES T |
| STREET ADDRESS | 28 ECCLESTON SQUARE |
| CITY- ST- ZIP | LONDON SW3 ENGLAND |
| TITLE | V <input type="checkbox"/> DELETE |
| NAME | WEAVER, DAVID C |
| STREET ADDRESS | 4540 HWY 20 E |
| CITY- ST- ZIP | NICEVILLE FL |
| TITLE | DP <input type="checkbox"/> DELETE |
| NAME | ZIVAN, JEROME A |
| STREET ADDRESS | 4540 HWY 20 E |
| CITY- ST- ZIP | NICEVILLE FL |
| TITLE | ST <input type="checkbox"/> DELETE |
| NAME | HARRIS, HELENE R. |
| STREET ADDRESS | 4540 HWY 20 E |
| CITY- ST- ZIP | NICEVILLE FL |
| TITLE | S <input type="checkbox"/> DELETE |
| NAME | VAUGHN, JANELLE G. |
| STREET ADDRESS | 4540 HWY 20 E |
| 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 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | S/T/V |
| 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 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 reports 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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Heleene Harris* **HELENE HARRIS**
 VICE PRES. 4/22/97 / 904-8976430
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 049088

CR2E034 (9/96)