

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

FILED

**May 07 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # L83114 (3)
1. Corporation Name
TELSTAR EURAMCO, INC.



Principal Place of Business Mailing Address

**% JACQUES DE BRUIJN
472 FIRST ST. W.
TIERRA VERDE FL 33715**

**% JACQUES DE BRUIJN
472 FIRST ST. W.
TIERRA VERDE FL 33715**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/26/1990**

4. FEI Number **59-3077200** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 **L.O.F.F.I.H.** 26 **L.O.F.F.I.H.**

22 **472 1ST STR W** 27 **472 1ST STR W.**

23 **TIERRA VERDE** 28 **TIERRA VERDE**

24 **33715** 25 **FL** 29 **33715** 30 **FL**

9. Name and Address of Current Registered Agent

**SWISHER, JOHN
600 1ST AVE N
ST PETERSBURG FL 33701**

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUIJN, JACQUES DE	1.2 NAME	
STREET ADDRESS	472 FIRST ST. W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAY, WILL	2.2 NAME	
STREET ADDRESS	472 FIRST STREET WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOON, MARIO	3.2 NAME	
STREET ADDRESS	472 FIRST STREET WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	3.4 CITY-ST-ZIP	
TITLE	DVP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE BRUM, JOEP	4.2 NAME	
STREET ADDRESS	472 1ST ST WEST	4.3 STREET ADDRESS	P.D.T JOEP DE BRUIJN bbq 1ST AVE W ST PETERSBURG FL 33701
CITY-ST-ZIP	TIERRA VERDE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	DR. BART DE BRUIJN bbq 1ST AVE H.
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ST PETERSBURG FL 33701
TITLE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	D MARIA VERSTRAETEN
STREET ADDRESS		6.3 STREET ADDRESS	bbq 1ST AVE H.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ST. PETERSBURG. FL 33701.

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.

SIGNATURE: *Bart de Bruin* 04/28/98 (813) 906-0191

CR2E034 (10/97)