

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

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90056 022 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000071383**

1. Corporation Name  
**U.S.-EUROPEAN GROUP, INC.**



Principal Place of Business  
~~742 DIPLOMAT DRIVE~~  
~~BUILDING D-UNIT 101~~  
~~DEBARY FL 32713~~

Mailing Address  
~~742 DIPLOMAT DRIVE~~  
~~BUILDING D-UNIT 101~~  
~~DEBARY FL 32713~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/17/1998**

4. FEI Number **59-3527711** 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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **842 DIPLOMAT DRIVE**  
 Suite, Apt. #, etc.

22 **BUILDING "D" / UNIT 101**  
 City & State

23 **DEBARY, FLORIDA**  
 Zip Country

24 **32713** 25 **U.S.A.**

2a. Mailing Address  
 26 **POST OFFICE BOX 5932**  
 Suite, Apt. #, etc.

27  
 City & State

28 **DELTONA, FLORIDA**  
 Zip Country

29 **32728** 30 **U.S.A.**

9. Name and Address of Current Registered Agent

~~AMERILAWYER~~  
~~343 ALMERIA AVENUE~~  
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name **Edward Jacobson**

82 Street Address (P.O. Box Number is Not Acceptable)  
**385 South Northlake Blvd.**

83 **Suite #2036**

84 City **Altamonte Springs** **FL** 85 Zip Code **32701**

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 **Edward Jacobson**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**4-26-99**  
 DATE

12. OFFICERS AND DIRECTORS

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>PTD</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>JACOBSON, EDWARD</b>       |                                 |
| STREET ADDRESS | <del>742 DIPLOMAT DRIVE</del> |                                 |
| CITY-ST-ZIP    | <del>DEBARY FL 32713</del>    |                                 |
| TITLE          | <b>SD</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>BISCHOFF, MANFRED</b>      |                                 |
| STREET ADDRESS | <del>742 DIPLOMAT DRIVE</del> |                                 |
| CITY-ST-ZIP    | <del>DEBARY FL 32713</del>    |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS | <b>842 Diplomat Drive</b>  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS | <b>842 Diplomat Drive</b>  |
| 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 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: **Edward Jacobson** **4-26-99** **407-834-4595**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)