

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **524541** (0)

1. Corporation Name

EUROPEAN MARKETING CORPORATION



Principal Place of Business

**2221 N.E. 202 STREET
NORTH MIAMI BEACH FL 33180
US**

Mailing Address

**2221 N.E. 202 STREET
NORTH MIAMI BEACH FL 33180
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/26/1977

3a. Date of Last Report

06/12/1995

4. FEI Number

59-2765049

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$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

10. Name and Address of New Registered Agent

**BIRNHOLZ, JACK
2221 N.E. 202 STREET
NORTH MIAMI BEACH FL 33180**

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

Signature, typed or printed name of registered agent and their signature

(If C.O.L. Registered Agent signature required, attach same)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D BIRNHOLZ, JACK**
STREET ADDRESS **2221 N.E. 202 STREET**
CITY-STATE-ZIP **NORTH MIAMI BEACH FL**

TITLE ☐ DELETE

NAME **DP BIRNHOLZ, SHIRLEY**
STREET ADDRESS **2221 N.E. 202 STREET**
CITY-STATE-ZIP **NORTH MIAMI BEACH FL**

TITLE ☐ DELETE

NAME **VPD KNIGHT, HARRIET**
STREET ADDRESS **25314 VIA ORIO**
CITY-STATE-ZIP **VALENCIA CA**

TITLE ☐ DELETE

NAME **BIRNHOLZ, HARVEY**
STREET ADDRESS **301 DUNWOODY LANE**
CITY-STATE-ZIP **HOLLYWOOD FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS

4. CITY-STATE-ZIP ☐ Change ☐ Addition

5. TITLE
6. NAME
7. STREET ADDRESS

8. CITY-STATE-ZIP ☐ Change ☐ Addition

9. TITLE
10. NAME
11. STREET ADDRESS

12. CITY-STATE-ZIP ☐ Change ☐ Addition

13. TITLE
14. NAME
15. STREET ADDRESS

16. CITY-STATE-ZIP ☐ Change ☐ Addition

17. TITLE
18. NAME
19. STREET ADDRESS

20. CITY-STATE-ZIP ☐ Change ☐ Addition

21. TITLE
22. NAME
23. STREET ADDRESS

24. CITY-STATE-ZIP ☐ Change ☐ Addition

25. TITLE
26. NAME
27. STREET ADDRESS

28. CITY-STATE-ZIP ☐ Change ☐ Addition

29. TITLE
30. NAME
31. STREET ADDRESS

32. CITY-STATE-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/State/Phone #

CR2E034 (12/95)