840616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

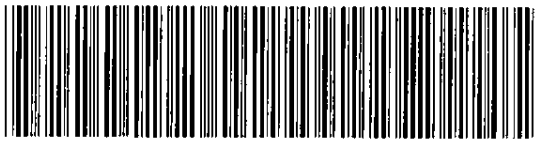
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



700413408147

No. B 40616

EUROPCO MANAGEMENT COMPANY OF AMERICA

PRINCIPAL PLACE OF BUSINESS GEORGIA

PAID ON $5,000.00

PERMIT ISSUED 5-8-78

cac

5-17-78

Corp-48
1-27-75

840616

EUROPCO MANAGEMENT CO. OF AMERICA
41 PERIMETER CENTER EAST NORTH EAST
SUITE 200 404 393-4744
ATLANTA, GEORGIA 30346

220

May 1, 19 78 64-10/610

PAY TO THE ORDER OF Secretary of State $48.00

**********FORTY-EIGHT AND 00/100********** DOLLARS

Trust Company Bank
Atlanta, Georgia

FOR Qual. Fee

⑈000220⑈ ⑆061000101⑆ 01 66 44 70

VP

R15190

FILED
1978 MAY 3 PM 3:34
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

PRIVILEGE TAX	
C. TAX	30
FILING	15
C. COPY	
R. A. FEE	3
P. COPY	
SEARCH	
TOTAL	48
BALANCE DUE	

$40616

MAY-3-78 15600 ****2.00
MAY-3-78 15700 ****15.00
MAY-3-78 15800 ****30.00

Secretary of State

STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE 32304

May 9, 1978

BRUCE A. SMATHERS
SECRETARY OF STATE

F. R. RITTER, Director
Division of Corporations
904/488-3140

DAVID C. MACNAMARA
ASSISTANT SECRETARY OF STATE

Europco Management Co. of America
41 Perimeter Center East, NE
Suite 200
Atlanta, GA 30346

SUBJECT: EUROPCO MANAGEMENT COMPANY OF AMERICA

DOCUMENT NUMBER: 840616

This will acknowledge receipt of the following:

1. XX Check(s) totalling $ 48.00
2. _____ Articles of Incorporation filed
3. _____ Amendments to Articles of Incorporation filed
4. _____ Articles of Merger or Consolidation filed
5. _____ Certificate of Withdrawal filed
6. _____ Limited Partnership filed
7. _____ Limited Partnership Annual Report filed
8. _____ Trademark Application filed
9. XX Application for qualification filed 5-8-78. It is no longer required to issue a permit. A certificate under seal to this effect may be obtained for $5.
10. _____ Reinstatement filed
11. _____ Articles of Dissolution filed
12. _____ OTHER:

ENCLOSED:

1. _____ Certified Copy(ies).
2. _____ Certificate(s) Under Seal.
3. _____ Photocopy(ies).
4. _____ OTHER:

Corp. 100

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1). Europco Management Company of America
(NAME OF CORPORATION ADDING THE WORD "INCORPORATED", "COMPANY" OR "CORPORATION" IF NOT SO CONTAINED IN THE NAME AT PRESENT)

2). Georgia
(INCORPORATED UNDER LAWS OF)

3). July 1, 1977
(DATE OF INCORPORATION)

4). Perpetual
(PERIOD OF DURATION)

5). 41 Perimeter Center East, N.E. Suite 200 Atlanta, Georgia 30346
(ADDRESS OF PRINCIPAL OFFICE)

6). David C. Weaver
(NAME OF FLORIDA REGISTERED AGENT)

919 Hospital Drive P. O. Box 247
(STREET ADDRESS OF REGISTERED OFFICE)

Niceville FLORIDA 32578
(CITY) (ZIP CODE)

7). Real Estate investment development and management.
(NATURE OF BUSINESS TO BE TRANSACTED IN FLORIDA)

8).

NAMES OF OFFICERS		SPECIFIC ADDRESS
James T. King	(P)	37 Rue Notre Dame, Luxembourg
David C. Weaver	(V)	919 Hospital Dr. Niceville, Florida 32578
Jerome A. Zivan	(V)	41 Perimeter Center East, N.E. Atlanta, Ga.
Jerome A. Zivan	(S)	41 Perimeter Center East, N.E. Atlanta, Ga.
Ivan S. Novick	(T)	11111 Biscayne Bldv. Miami, Fla.
Ruth Weaver	(Asst. Sec.)	919 Hospital Drive, Niceville, Fla.
Emily Lemmon	(Asst. Sec.)	41 Perimeter Center East, N.E. Atlanta, Ga.

NAMES OF DIRECTORS		SPECIFIC ADDRESS
James T. King	(D)	37 Rue Notre Dame, Luxembourg
	(D)	
	(D)	
	(D)	

9). Acceptance by the Registered Agent: David C. Weaver
AGENT MUST SIGN ON THIS LINE

(OVER)

10). 10,000 Shares of $1 Par Value
(TOTAL AUTHORIZED SHARES (ITEMIZED BY CLASSES), PAR VALUE OF SHARES, AND SHARES WITHOUT PAR VALUE)

11). "VALUE" MAY BE DEFINED IN ANY TERMS CONSISTENT WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

A.	ESTIMATED VALUE OF ALL PROPERTY OWNED BY THE CORPORATION FOR THE COMING YEAR, WHEREVER LOCATED	$ 10,000
B.	ESTIMATED GROSS AMOUNT OF BUSINESS TO BE TRANSACTED BY THE CORPORATION DURING THE COMING YEAR.	$ 200,000
C.	ESTIMATED VALUE OF ALL PROPERTY IN FLORIDA OWNED BY THE CORPORATION FOR THE COMING YEAR.	$ 5,000
D.	ESTIMATED GROSS AMOUNT OF BUSINESS TO BE TRANSACTED IN FLORIDA BY THE CORPORATION DURING THE COMING YEAR.	$ 100,000
E.	TOTAL OF "A" and "B".	$ 210,000
F.	TOTAL OF "C" and "D".	$ 105,000
G.	DIVIDE "F" by "E".	.50
H.	MULTIPLY "G" by TOTAL AUTHORIZED SHARES (AND THEIR PAR VALUE).	$ 5,000

THE FLORIDA ALLOCATION FOR PURPOSES OF DETERMINING THE TAX ON AUTHORIZED CAPITAL STOCK WILL BE BASED ON THE TOTAL VALUE OF SHARES CALCULATED IN "H" ABOVE.

Carl Lennon Asst. Sec. / Jerome A. Zivan

SECRETARY or ASSISTANT SECRETARY — PRESIDENT or VICE PRESIDENT

STATE OF
COUNTY OF

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 1st DAY OF May, 19 78, BY Jerome A. Zivan
(NAME OF OFFICER)

Vice President (TITLE OF OFFICER) OF Europco Management Company of America (NAME OF CORPORATION)

A Georgia (STATE OR COUNTRY) CORPORATION, ON BEHALF OF THE CORPORATION.

(SEAL)

Brenda A. Michael
NOTARY PUBLIC

CHA. 104

State of Georgia

OFFICE OF SECRETARY OF STATE

I, Ben W. Fortson Jr, Secretary of State of the State of Georgia, do hereby certify that the five pages of photographed printed matter hereto attached is a true and correct copy of the original articles of incorporation and certificate of the Secretary of State for "EUROPCO MANAGEMENT COMPANY OF AMERICA", as the same appears of file and record in this office

FILED
DEPARTMENT OF STATE
AUG 3 3 04 PM '70

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of my office, at the Capitol, in the City of Atlanta, this 4th day of August in the year of our Lord One Thousand Nine Hundred and Seventy Seven and of the Independence of the United States of America the Two Hundred and Two.

Ben W. Fortson Jr.

SECRETARY OF STATE, EX-OFFICIO CORPORATION COMMISSIONER OF THE STATE OF GEORGIA

DUPLICATE

State of Georgia

OFFICE OF SECRETARY OF STATE

I, Ben W. Fortson, Jr. Secretary of State of the State of Georgia, do hereby certify that

"EUROPCO MANAGEMENT COMPANY OF AMERICA"

has been duly incorporated under the laws of the State of Georgia on the 1st day of July, 1977, by the filing of articles of incorporation in the office of the Secretary of State and the fees therefor paid, as provided by law, and that attached hereto is a true copy of said articles of incorporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of my office, at the Capitol, in the City of Atlanta, this 1st day of July in the year of our Lord One Thousand Nine Hundred and Seventy Seven and of the Independence of the United States of America the Two Hundred and One.

Ben W. Fortson Jr.

SECRETARY OF STATE, EX-OFFICIO CORPORATION COMMISSIONER OF THE STATE OF GEORGIA

ARTICLES OF INCORPORATION

OF

EUROPCO MANAGEMENT COMPANY OF AMERICA

ONE

The name of the corporation is: "EUROPCO MANAGEMENT COMPANY OF AMERICA."

TWO

The corporation shall have perpetual duration.

THREE

The corporation is organized as a corporation for profit for any lawful purpose not specifically prohibited to corporations under the applicable laws of the State of Georgia, including but not limited to the ownership, development and management of real estate and other investments and shall be authorized in connection therewith to carry on any lawful business.

FOUR

The corporation shall have authority to be exercised by the Board of Directors to issue not more than 10,000 shares of common voting stock of $1.00 par value.

FIVE

No shareholder shall have the preemptive right to acquire unissued shares of the corporation.

SIX

The corporation shall not commence business until it shall have received at least five hundred ($500.00) dollars in payment for the issuance of shares of stock.

SEVEN

The initial registered office of the corporation shall be at 41 Perimeter Center East, N.E., Suite 200, Atlanta, Georgia 30346. (DeKalb) The initial registered agent of the corporation at said address shall be Jerome A. Zivan.

EIGHT

The initial Board of Directors shall consist of one member who shall be:

James King
41 Perimeter Center East
Suite 200
Atlanta, Georgia 30346

NINE

The name and address of the incorporator is:

Jerome A. Zivan
41 Perimeter Center East, N.E.
Suite 200
Atlanta, Georgia 30346

IN WITNESS WHEREOF, the undersigned executes these Articles of Incorporation.

Incorporator

The undersigned does hereby consent to serve as registered agent for Europco Management Company of America at 41 Perimeter Center East, Suite 200, Atlanta, Georgia 30346.

JEROME A. ZIVAN

State of Georgia

OFFICE OF SECRETARY OF STATE

I, Ben W. Fortson, Jr., Secretary of State of the State of Georgia, do hereby certify that

based on a diligent search of the records on file in this office, I find that the name of the following proposed domestic corporation to wit

EUROPCO MANAGEMENT COMPANY OF AMERICA

is not identical with or confusingly similar to the name of any other existing domestic or domesticated or foreign corporation registered in the records on file in this office or to the name of any other proposed domestic or domesticated, or foreign corporation as shown by a certificate of the Secretary of State heretofore issued and presently effective.

This certificate is in full force and effective for a period of 4 calendar months from date of issuance. After such period of time, this certificate is void.

In TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of my office, at the Capitol, in the City of Atlanta, this 21st day of June, in the year of our Lord One Thousand Nine Hundred and Seventy Seven and of the Independence of the United States of America the Two Hundred and One.

Ben W. Fortson Jr.

Secretary of State, Ex-Officio Corporation Commissioner of the State of Georgia

167

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS $10.

CORPORATION ANNUAL REPORT

1979

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

MAY 17 1 12 AM 979

FLORIDA DEPT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

1. Name and Address of Corporation Principal Office:

890616
EUROPCO MANAGEMENT COMPANY OF AMERICA
41 PERIMETER CENTER EAST
NE SUITE 200
ATLANTA, GA 30346

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.

Street Address: 2700 CUMBERLAND PARKWAY
P.O. Box No.: SUITE 250
City: ATLANTA
State: GEORGIA
Zip Code: 30339

~~MAR 31 P 2 1694 ***16.00~~

3. Date Incorporated or Qualified To Do Business in Florida: 5/08/1978

4. Federal Employer Identification Number (FEIN): 58-1306439

5. Date of Last Report: 5/8/78

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
KING, JAMES T	P/D	37 RUE NOTRE DAME	LUXEMBOURG
WEAVER, DAVID C	V	919 HOSPITAL DR	NICEVILLE, FL
ZIVAN, JEROME A	V/S	41 PERIMETER CENTER E	ATLANTA, GA
MARTIN J. LUPER	T	4545 Northside Parkway	Atlanta, Ga.
~~NOVICK, IVAN S~~	~~T~~	~~11111 BISCAYNE BLVD~~	~~MIAMI, FL~~
WEAVER, RUTH (ASST)	S	919 HOSPITAL DR	NICEVILLE, FL
LEMMON, EMILY (ASST)	S	41 PERIMETER CENTER E	ATLANTA, G A

7. Registered Agent Information

Name: WEAVER, DAVID C
Street Address (Do NOT Use P.O. Box Number): 919 HOSPITAL DRIVE
City, State and Zip Code: NICEVILLE, FL 32578

If you wish to change Registered Agent on this form, enter all new information below.

Name:
Street Address (Do NOT Use P.O. Box Number):
City, State and Zip Code:

8. IMPORTANT — THIS SECTION MUST BE COMPLETED
Has this corporation amended its articles to reflect an increase in the authorized number of shares since the last annual report?
YES ☐ NO ☒

9. IMPORTANT — THIS SECTION MUST BE COMPLETED IF ITEM 8 IS YES
Has said amendment been filed with this office?
YES ☐ NO ☐

AA 5-17

10. See signature restrictions under instructions on reverse side of this form.
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath

Typed Name of Signing Officer: Martin J. Luper
Title: Treasurer
Telephone Number: 433-0334
Signature:
Date: 2/12/79

(Print Only on Reverse Side)

NOTE: THE FILING FEE FOR THE 1979 ANNUAL REPORT IS $10.

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

1980

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

DO NOT WRITE IN THIS SPACE

APPROVED AND FILED

MAR 7 10 51 AM 1980

FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office:

840616
EUROPCO MANAGEMENT COMPANY OF AMERICA
2700 CUMBERLAND PARKWAY
NE SUITE 250
ATLANTA, GA 30346

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 5/08/1978

4. Federal Employer Identification Number (FEIN): 58-1306439

5. Date of Last Report: 1979

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
KING, JAMES T.	D	37 RUE NOTRE DAME	LUXEMBOURG
WEAVER, DAVID C	V	919 HOSPITAL DR	NICEVILLE, FL
ZIVAN, JEROME A	P/S	41 PERIMETER CENTER E	ATLANTA, GA
MARTIN J. LUPER	T	4545 NORTHSIDE PARKWAY	ATLANTIC, GA
WEAVER, RUTH (ASST)	S	919 HOSPITAL DR	NICEVILLE, FL
LEMMON, EMILY (ASST)	S	41 PERIMETER CENTER E	ATLANTA, GA

7. Registered Agent Information

Name: WEAVER, DAVID C

Street Address (Do NOT Use P.O. Box Number): 919 HOSPITAL DRIVE

City, State and Zip Code: NICEVILLE, FL 32578

0437

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of $3.

8. IMPORTANT — THIS SECTION MUST BE COMPLETED
Has this corporation amended its articles to reflect an increase in the authorized number of shares since the last annual report?
YES ☐ NO ☑

9. IMPORTANT — THIS SECTION MUST BE COMPLETED IF ITEM 8 IS YES
Has said amendment been filed with this office?
YES ☐ NO ☑

10. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.

I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Typed Name of Signing Officer: [illegible] Title: [illegible] Telephone Number: [illegible]

Signature: [illegible] Date: 3/3/80

[illegible] 10.00

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

1981

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

DO NOT WRITE IN THIS SPACE

FILED
MAR 2 3 1981

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office:

840616
EUROPCO MANAGEMENT COMPANY OF AMERICA
2700 CUMBERLAND PARKWAY
NE SUITE 250
ATLANTA, GA 30346

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State Zip Code

3. Date Incorporated or Qualified To Do Business In Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
5/08/1978	59-1306439	0800

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
KING, JAMES T	D	37 RUE NOTRE DAME	LUXEMBOURG
WEAVER, DAVID C	V	919 HOSPITAL DR	NICEVILLE, FL
ZIVAN, JEROME A	P/S	41 PERIMETER CENTER E	ATLANTA, GA
MARTIN J. LUPER	T	4545 NORTHSIDE PARKWAY	ATLANTIC, GA
WEAVER, RUTH (ASST)	S	919 HOSPITAL DR	NICEVILLE, FL
LEMMON, EMILY (ASST)	S	41 PERIMETER CENTER E	ATLANTA, G A

7. Registered Agent Information

Name
WEAVER, DAVID C
Street Address (Do NOT Use P.O. Box Number)
919 HOSPITAL DRIVE
City, State and Zip Code
NICEVILLE, FL 32578

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of $3.

8. (IMPORTANT — THIS SECTION MUST BE COMPLETED)
Has this corporation amended its articles to reflect an increase in the authorized number of shares since the last annual report?
YES ☐ NO ☒

9. (IMPORTANT — THIS SECTION MUST BE COMPLETED IF ITEM 8 IS YES)
Has said amendment been filed with this office?
YES ☐ NO ☐

840616 04-14-81 2 1 1222 10.00

10. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath

Typed Name of Signing Officer	Title	Telephone Number
Martin J. Luper	Treasurer	433-0334
Signature	Date	
	3-31-81	

(Form CER 021) Rev. 12/28/80

NOTE: THE FILING FEE FOR THE 1980 ANNUAL REPORT IS $10.

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT 1982

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

George Firestone
Secretary of State

DO NOT WRITE IN THIS SPACE

APR 6 12 1 PM 1982

Read Notice and Instructions on Other Side Before Making Entries.
Filing Fee of $10 Required.—Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office:

840616
EUROPCO MANAGEMENT COMPANY OF AMERICA
2700 CUMBERLAND PARKWAY
NE SUITE 250
ATLANTA, GA 30346

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address: 5995 Barfield Drive, Suite 220
P.O. Box No.:
City: Atlanta
State: Georgia
Zip Code: 30328

3. Date Incorporated or Qualified To Do Business in Florida: 05/08/197A

4. Federal Employer Identification Number (FEIN): 59-1306439

5. Date of Last Report: 05/27/1981

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
KING, JAMES T.	D	27 Ovington Square	London SW3 England
WEAVER, DAVID C.	V	300 Yacht Club Drive	Niceville, Florida
ZIVAN, JEROME A.	P	5995 Barfield Road, Suite 220	Atlanta, Georgia
LUPER, MARTIN J.	V	5995 Barfield Road, Suite 220	Atlanta, Georgia
HAMMOND, ANDREW	T	5995 Barfield Road, Suite 220	Atlanta, Georgia
YOUNG, VICTOR J.	V	5995 Barfield Road, Suite 220	Atlanta, Georgia

(SEE ATTACHED)

Registered Agent Information

7. Name and Address of Current Registered Agent:

WEAVER, DAVID C
919 HOSPITAL DRIVE
NICEVILLE, FL 32578

8. Name and Address of New Registered Agent:

Name: DAVID C. WEAVER
Street Address (Do NOT Use P.O. Box Number): Post Office Box 247 [illegible]
City, State and Zip Code: Niceville, Florida 32578-3899

9. Pursuant to the provisions of Section 607.034 and 608.437, Florida Statutes, the undersigned corporation, qualified under the laws of the State of Florida 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 resolution duly adopted by its board of directors on _____

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. IMPORTANT — THIS SECTION MUST BE COMPLETED
Was this corporation engaged in activities not reflected or increase in the authorized number of shares since the last annual report?
YES ☐ NO ☒ XX

11. IMPORTANT — THIS SECTION MUST BE COMPLETED IF ITEM 4 IS YES
Has such amendment been filed with the state?
YES ☐ NO ☐

12. See signature restrictions/other instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, or Person(s) Employed to Execute This Report as Required by Chapter 607, F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Signature: Stuart M. Neiman
Date:
Typed Name of Signing Officer: Stuart M. Neiman
Title: Assistant Secretary
Telephone Number: 404/257-0700

6. CONTINUED

JR., GAGE, HUGH B.	V & S	5995 Barfield Road, Suite 220, Atlanta, GA
NEIMAN, STUART M.	AS	5995 Barfield Road, Suite 220, Atlanta, GA
LANGILLE, JANET	AS	300 Yacht Club Drive, Niceville, Florida

EUROPCO

Please note the reason for entering address in #2 and #8 is for the change in zip code.

32578-3899 - street address

32578-0247 - post office box

Thank you!

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT 1983

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
George Firestone
Secretary of State

DO NOT write in this space

APPROVED
AND
FILED
APR 7 11 49 AM 1983
FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $10 Required —Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

840616
EUROPCO MANAGEMENT COMPANY OF AMERICA
5995 BARFIELD DRIVE SUITE 220
ATLANTA, GEORGIA 30328

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.

Street Address
P.O. Box No.
City
State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 05/08/1978

4. Federal Employer Identification Number (FEIN): 59-1306439

5. Date of Last Report: 04/06/1982

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
KING, JAMES T	D	27 OVINGTON SQUARE	LONDON SW3 ENGLAND 0000
[illegible]	[illegible]	[illegible]	[illegible]
YOUNG, VICTOR J	V	5995 BARFIELD RD #220	ATLANTA, GA 0000
WEAVER, DAVID C	V	300 YACHT CLUB DRIVE	NICEVILLE, FL 0000
[illegible]	[illegible]	[illegible]	[illegible]
		(SEE ATTACHED)	

Registered Agent Information

7. Name and Address of Current Registered Agent:

WEAVER, DAVID C
PO BOX 247 919 HOSPITAL DRIVE
32578

8. Name and Address of New Registered Agent:

Name
Street Address (Do NOT Use P.O. Box Number)
City, State and Zip Code

9. Pursuant to the provisions of Section 607.034 and 607.037, Florida Statutes, the undersigned corporation, qualified under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: _____

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. IMPORTANT — THIS SECTION MUST BE COMPLETED
Has this corporation amended its articles to reflect an increase in the authorized number of shares since the last annual report?
YES ☒ NO ☒

11. IMPORTANT — THIS SECTION MUST BE COMPLETED IF ITEM 10 IS YES
Has said amendment been filed with this office?
YES ☐ NO ☐

12. See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath

Signature: Stuart M. Neiman
Date: 2-8-83

Typed Name of Signing Officer: Stuart M. Neiman
Title: Secretary
Telephone Number: (404)257-0700

COR 621 (1-83)

CONTINUED FROM BLOCK 6

NEIMAN, STUART	S	5995 BARFIELD RD., #220	ATLANTA, GA	
LUPER, MARTIN	T&V	5995 BARFIELD RD., #220	ATLANTA, GA	
HEDGES, MIKE	V&AS	5995 BARFIELD RD., #220	ATLANTA, GA	
RITTER, ALFRED	AT	5995 BARFIELD RD., #220	ATLANTA, GA	
GAGE, HUGH B., JR.	V&AS	5995 BARFIELD RD., #220	ATLANTA, GA	
LANGILLE, JANET	AS	300 YACHT CLUB DR.	NICEVILLE, FL	
KIRSCH, ANITA	AS	300 YACHT CLUB DR.	NICEVILLE, FL	
TROAST, JAMES	AV	300 YACHT CLUB DR.	NICEVILLE, FL	
ZIVAN, JEROME A.	D&P	5995 BARFIELD RD., #220	ATLANTA, GA	
CHITTY, TERESA	AS	5995 BARFIELD RD., #220	ATLANTA, GA	
O'NEILL, PAUL	D	27 OVINGTON SQUARE	LONDON SW3	ENGLAND
HERDEN, RAIMUND	D	ITTERSTRASSE 27, 4006 ERKRATH 2	W. GERMANY	

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT 1984

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
APPROVED
AND
FILED
JUL 9 9 07 AM 1984
FLORIDA DEPARTMENT OF STATE
CORPORATION DIVISION

◄ Read Notice and Instructions on Other Side Before Making Entries ►
Filing Fee of $10 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office. 5069-00

840616
EUROPCO MANAGEMENT COMPANY OF AMERICA (A G
5995 BARFIELD DRIVE SUITE 220
ATLANTA, GEORGIA 30328

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.
Street Address
P.O. Box No
City
State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 05/08/1978
4. Federal Employer Identification Number (FEIN): 59-1306439
5. Date of Last Report: 04/07/1983

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1983.

	Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1	KING, JAMES T	D	27 OVINGTON SQUARE	LONDON SW3 ENGLAND 0000
2	WEAVER, DAVID C	V	300 YACHT CLUB DRIVE	NICEVILLE, FLA. 0000
3	ZIVAN, JEROME A	D/P	5995 BARFEILD RD #220	ATLANTA, GA 0000
4	YOUNG, VICTOR J	V	5995 BARFIELD RD #220	ATLANTA, GA 0000
5	NEIMAN, STUART	S	5995 BARFEILD RD #220	ATLANTA, GA 0000
6	HEDGES, MIKE	V/A/S	5995 BARFEILD RD #220	ATLANTA, GA 0000

Registered Agent Information

7. Name and Address of Current Registered Agent
WEAVER, DAVID C
PO BOX 247 919 HOSPITAL DRIVE
NICEVILLE, FL
32578

8. Name and Address of New Registered Agent
Name
Street Address (Do NOT Use P.O. Box Number)
City, State and Zip Code

9. Pursuant to the provisions of Section 607.034 and 607.037, Florida Statutes, the undersigned corporation, qualified under the laws of the State of Florida 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 resolution duly adopted by its board of directors on _____

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *IMPORTANT — THIS SECTION MUST BE COMPLETED* Has this corporation amended its articles to reflect an increase in the authorized number of shares since the last annual report? YES ☐ NO ☒

11. *IMPORTANT — THIS SECTION MUST BE COMPLETED IF ITEM 10 IS YES.* Has said amendment been filed with this office? YES ☐ NO ☐

12. *See signature restrictions under instructions on reverse side of this form.*
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Signature R. Michael Hedges
Date 3-6-84
Typed Name of Signing Officer: R. Michael Hedges
Title: Vice President
Telephone Number: 040-257-0700

13. Should you desire a certificate of status check the box below and include an additional $5.00 with your payment.
CERTIFICATE OF STATUS DESIRED ☐
$5 Additional fee required for certificates.

COR 621 (1/84)

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT 1985

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

APPROVED AND FILED

1985 FEB 21 AM 11:00

FLORIDA DEPARTMENT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

◀ Read Notice and Instructions on Other Side Before Making Entries ▶

Filing Fee of $20 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

840616 ?
EUROPCO MANAGEMENT COMPANY OF AMERICA
5995 BARFIELD DRIVE SUITE 220
ATLANTA, GEORGIA 30328

If above address is incorrect in any way, enter the correct address in item 2; include Zip Code.

2. Enter Change of Principal Office, If Any (Post Office Box Number Insufficient)

Street Address

P.O. Box No.

City

State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 05/08/1978

4. Federal Employer Identification Number: 59-2306439

5. Date of Last Report: 07/09/1984

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1984

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
KING, JAMES T	D	27 OVINGTON SQUARE	LONDON SW3 ENGLAND 0000
WEAVER, DAVID C	V	300 YACHT CLUB DRIVE	NICEVILLE, FLA. 0000
ZIVAN, JEROME A	D/P	5995 BARFIELD RD #220	ATLANTA, GA 0000
YOUNG, VICTOR J	V	5995 BARFIELD RD #220	ATLANTA, GA 0000
HEDGES, MIKE	V/A/S	5995 BARFIELD RD #220	ATLANTA, GA 0000

Registered Agent Information

7. Name and Address of Current Registered Agent

WEAVER, DAVID C
PO BOX 247 919 HOSPITAL DRIVE
NICEVILLE, FL 32578

8. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____

(Registered Agent Accepting Appointment) — $3.00 additional fee required for Registered Agent changes.

10. IMPORTANT — THIS SECTION MUST BE COMPLETED
Has this corporation amended its articles to reflect an increase in the authorized number of shares since the last annual report?
YES ☐ NO ☒

11. IMPORTANT — THIS SECTION MUST BE COMPLETED IF ITEM 10 IS YES
Has said amendment been filed with this office? Yes ☐ No ☐
If the answer is no, this report cannot be processed until this amendment has been filed.

12. See signature restrictions under instructions on reverse side of this form.
I Certify That I Am An Officer of the Corporation, the Receiver, or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.
(Or) I Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. (Officer signing must be listed in Block 6)

Signature: R Michael Hedges
Date: 2-12-85

Typed Name of Signing Officer: R. MICHAEL HEDGES
Title: V.P.
Telephone Number: (404) 251-0700

13. Should you desire a certificate of status check the box.
CERTIFICATE OF STATUS DESIRED ☐
$5 additional fee required for a Certificate of Status

CR2E018 (8/84)

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT 1986

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $20 Required – Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office:

840616 7
EUROPCO MANAGEMENT COMPANY OF AMERICA
5995 BARFIELD DRIVE SUITE 220
ATLANTA, GEORGIA 30328

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 05/08/1978

4. Federal Employer Identification Number (FEIN): 59-1306439

5. Date of Last Report: 02/21/1985

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1985

1. Names of Officers and Directors	2. Title	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State	5.
KING, JAMES T	D	27 OVINGTON SQUARE	LONDON SW3 ENGLAND	00000
WEAVER, DAVID C	V	300 YACHT CLUB DRIVE	NICEVILLE, FLA.	00000
ZIVAN, JEROME A	D/P	5995 BARFEILD RD #220	ATLANTA, GA	00000
YOUNG, VICTOR J	V	5995 BARFIELD RD #220	ATLANTA, GA	00000
HEDGES, MIKE	V/A/S	5995 BARFEILD RD #220	ATLANTA, GA	00000

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent:

WEAVER, DAVID C
PO BOX 247 919 HOSPITAL DRIVE
NICEVILLE, FL
32578

8. Name and Address of New Registered Agent

Name 81

Street Address (Do NOT Use P.O. Box Number) 82

City and State 83: FL.

Zip Code 84

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, qualified to transact business in the State of Florida, 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 resolution duly adopted by its board of directors on: _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3 Additional Fee required for Registered Agent changes.

10. *IMPORTANT – THIS SECTION MUST BE COMPLETED*
Has this corporation amended its articles to reflect an increase in the authorized number of shares since the last annual report?
YES ☐ NO ☑

11. *IMPORTANT – THIS SECTION MUST BE COMPLETED IF ITEM 10 IS YES*
Has said amendment been filed with this office? Yes ☐ No ☑
If the answer is no, this report cannot be processed until this amendment has been filed.

12. *See signature restrictions under instructions on reverse side of this form.*
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. (Officer signing must be listed in Block 6).

Signature: R.M. Hedges — Date: 3-6-86

Typed Name of Signing Officer: R.M. HEDGES — Title: V.P. — Telephone Number:

13. Should you desire a certificate of status check the box.
CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status

CR2EC036 (1/86)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION ANNUAL REPORT 1987

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
1987 FEB 17 PM 12:48

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $25 Required – Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

840616
EUROPCO MANAGEMENT COMPANY OF AMERICA
~~5995 BARFIELD DRIVE SUITE 220~~
ATLANTA GEORGIA 30328

If above address is incorrect in any way, enter the correct address in item 2; include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21: 990 HAMMOND DR. STE 620
P.O. Box No. 22:
City and State 23:
Zip Code 24:

3. Date Incorporated or Qualified To Do Business in Florida: 05/08/1978

4. Federal Employer Identification Number (FEIN): 59-1306439

5. Date of Last Report: 06/26/1986

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1986

1 Names of Officers and Directors	2 Title	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State	5
KING, JAMES T	D	27 OVINGTON SQUARE	LONDON SW3 ENGLAND	00000
WEAVER, DAVID C	V	300 YACHT CLUB DRIVE	NICEVILLE, FLA.	32578
ZIVAN, JEROME A	D/P	~~5995 BARFIELD RD #220~~ 990 HAMMOND DR STE 620	ATLANTA, GA	30328
~~YOUNG, VICTOR J~~		~~5995 BARFIELD RD #220~~	~~ATLANTA, GA~~	~~00000~~
HEDGES, MIKE	V/A/S	990 HAMMOND DR STE 620 ~~5995 BARFIELD RD #220~~	ATLANTA, GA	30328

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

WEAVER, DAVID C
~~PO BOX 847 819 HOSPITAL DRIVE~~
NICEVILLE, FL
32578

8. Name and Address of New Registered Agent

Name 81:
Street Address 1 (Do NOT Use P.O. Box Number) 82: 300 YACHT CLUB DR
Street Address 2 (Do NOT Use P.O. Box Number) 83:
City and State 84: FL
Zip Code 85:

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, qualified to transact business in the State of Florida, 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 resolution duly adopted by its board of directors on:

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3 Additional Fee required for Registered Agent changes.

10. IMPORTANT – THIS SECTION MUST BE COMPLETED
Has this corporation amended its articles to reflect an increase in the authorized number of shares since the last annual report?
YES ☐ NO ☒

11. IMPORTANT – THIS SECTION MUST BE COMPLETED IF ITEM 10 IS YES
Has said amendment been filed with this office? Yes ☐ No ☐
If the answer is no, this report cannot be processed until this amendment has been filed.

12. See signature restrictions under instructions on reverse side of this form.
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. (Officer signing must be listed in Block 6).

Signature: R Michael Hedges
Date: 2-9-87
Typed Name of Signing Officer: R MICHAEL HEDGES
Title: VP
Telephone Number: (404) 394-7660

13. Should you desire a certificate of status check the box.
CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status.

CR2E036 (1/86)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION ANNUAL REPORT 1988

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

88 FEB 25 AM 11:31

Filing Fee of $25 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

840616
EUROPCO MANAGEMENT COMPANY OF AMERICA
990 HAMMOND DR., STE 620
ATLANTA, GEORGIA 30328

If above address is incorrect in any way, enter the correct address in item 2; include Zip Code.

2. Enter Change of Address of Corporation Principal Office; P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 05/08/1978

4. Federal Employer Identification Number (FEIN): ~~59-1306439~~

5. Date of Last Report: 02/17/1987

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1987

Names of Officers and Directors 1	Title 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4	5
KING, JAMES T	D	27 OVINGTON SQUARE	LONDON SW3 ENGLAND	00000
WEAVER, DAVID C	V	300 YACHT CLUB DRIVE	NICEVILLE, FLA.	00000
ZIVAN, JEROME A	D/P	990 HAMMOND DR., STE. 620	ATLANTA, GA	00000
~~STANLEY, LARRY D~~	~~V~~	~~1205 OAKMONT DR~~	~~NICEVILLE, FL~~	~~32578~~
~~HEDGES, MIKE~~	~~V/A/S~~	~~990 HAMMOND DR. STE 620~~	~~ATLANTA, GA~~	~~00000~~
HUGH B. GAGE	S	990 HAMMOND DR. STE 620	ATLANTA, GA	30328

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

WEAVER, DAVID C
300 YACHT CLUB DR.
NICEVILLE, FL
32578

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. If a foreign corporation, date first transacted business in Florida

11. See signature restrictions under instructions on reverse side of this form.
I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer or Director signing must be listed in Block 6.)

Signature: David Stanley — Date: 2/15/88

Typed Name of Signing Officer or Director: Larry D. Stanley — Title: VP/FINANCE — Telephone Number: (404) 394-7660

12. Should you desire a certificate of status, check the box. CERTIFICATE OF STATUS DESIRED ☐

CR2E004 (1/86)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

APPROVED

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1989

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
89 JUL -7 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Entire Instructions Before Making Entries

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office ZIP + 4

840616 7
BUROPCO MANAGEMENT COMPANY OF AMERICA
990 HAMMOND DR., STE.620
ATLANTA, GEORGIA 30328-5509

If above address is incorrect in any way enter the correct address in item 2, include Zip Code

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 05/08/1978

4. Federal Employer Identification Number (FEIN): 58-1306439

5. Date of Last Report: 02/25/1988

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1988

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State	5
D	KING, JAMES T	27 OVINGTON SQUARE	LONDON SW3 ENGLAND	00000
V	WEAVER, DAVID C	300 YACHT CLUB DRIVE	NICEVILLE, FLA.	00000
D/P	ZIVAN, JEROME A	990 HAMMOND DR., STE.620	ATLANTA, GA	00000
V	STANLEY, LARRY D.	1208 OAKMONT DR.	NICEVILLE, FL.	
~~S~~	~~GAGE, HUGH B.~~	~~990 HAMMOND STE 620~~	~~ATLANTA, GA.~~	
S	HARRIS, HELENE R.	990 HAMMOND DR., STE.620	ATLANTA, GA.	30328

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

WEAVER, DAVID C
300 YACHT CLUB DR.
NICEVILLE, FL
32578

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84 FL.

Zip Code 85

9. Pursuant to the provisions of Section 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. If a foreign corporation, date first transacted business in Florida _____

11. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath
(Officer or Director signing must be listed in Block 6.)

Signature: Jerome A Zivan — Date: June 10, 1989

Type Name of Signing Officer or Director: Jerome A. Zivan — Title: President — Telephone Number: 404/394-7660

12. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee

CR2E001 (1-89)

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

APPROVED AND FILED
1990 MAR 19 AM 10 15
FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1990

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

840615 9

ZIP + 4 PRESORT

TAORMINA INVESTMENTS, N.V. COMPANY
2299 DOUGLAS ROAD
FOURTH FLOOR
MIAMI, FL 33145-3048

FEB - 5 1990

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 05/08/1978

4. FEI Number: 98-0038628

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4	5
D/P	GIOVANNI, CIRINO CANNAVO	PANORAMICA DELLO STRETTO	MESSINA, ITALY	0
D	ANTILLIAN MANAGEMENT CO	SCHOTTEGTWEG-OOST SALING	CURACOAM,NETH,ANTILO	
M/A	FRAGA, ANTONIO O.	2299 SW 37 AVE 4TH FLR	MIAMI, FL.	

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

MURAI, RENE V., ESQ.
25 S.E. SECOND AVE.
900 INGRAHAM BLDG.
MIAMI, FL

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL.

Zip Code 85

9. Pursuant to the provisions of Section 607.334 and 607.337, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

The change was authorized by resolution duly adopted by its board of directors on _____

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. I certify that the information entered on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify 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, F.S.

Signature: X

Date: 3/14/90

Name of Person Filing (Type or Print): Giovanni C. Cannavo

Title: President

Telephone Number: (305) 443-2508

11. Return my receipt to me at the following address:

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

APPROVED AND FILED

CORPORATION

ANNUAL REPORT

1990

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

90 MAY -8 PM 3:43

FLORIDA DEPT. OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

840616 7

ZIP + 4 PRESORT

EUROPCO MANAGEMENT COMPANY OF AMERICA
990 HAMMOND DR.,STE.620
ATLANTA, GEORGIA 30328-5509

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.

Street Address 21

P.O Box No 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 05/08/1978

4. FEI Number: 58-1306439

☐ FEI Number Applied For
☐ FEI Number Not Applicable

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director 3 (Do NOT Use Post Office Box Numbers)	City and State 4 5
1	D	KING, JAMES T	27 OVINGTON SQUARE	LONDON SW3 ENGLAND 00000
1x				SW1V1NS
2	V	WEAVER, DAVID C	300 YACHT CLUB DRIVE	NICEVILLE, FLA. ~~00000~~
2x				32578
3	D/P	ZIVAN, JEROME A	990 HAMMOND DR.,STE.620	ATLANTA, GA ~~00000~~
3x				30328
4	~~V~~	~~STANLEY, LARRY D.~~	~~1200 OAKMONT DR.~~	~~NICEVILLE, FL.~~
4x				
5	S	HARRIS, HELENE R.	990 HAMMOND STE 620	ATLANTA, GA. 30328
5x				
6				
6x				

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

WEAVER, DAVID C
300 YACHT CLUB DR.
NICEVILLE, FL
32578

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL.

Zip Code 85

9. Pursuant to the provisions of Section 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. I 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 effects as if made under oath; I further certify 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, F.S.

Signature: Jerome A Zivan

Date: April 24, 1990

Type or Print Name of Signing Officer or Director: Jerome A. Zivan

Title: President/Director

Telephone Number: 404-394-7660

11. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED ... ☐

$5 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION ANNUAL REPORT 1991

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

MN2491

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

DO NOT WRITE IN THIS SPACE.

FILING FEE OF $61.25 REQUIRED

1. Name and Mailing Address of Corporation: DOCUMENT #840616 (7)

ZIP + 4 PRESORT

EUROPCO MANAGEMENT COMPANY OF AMERICA
990 HAMMOND DR., STE. 620
ATLANTA, GEORGIA 30328-5509

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address	1950 Bluewater Boulevard
22 P.O. Box No.	P.O. Box 906
23 City and State	Niceville, Florida
24 Zip Code	32578

3. Date Incorporated or Qualified To Do Business in Florida	4. FEI Number	FEI Number Applied For	5. $8.75 Additional Fee required for a Certificate of Status
05/08/1978	58-1306439	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED X

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director 3 (Do NOT Use Post Office Box Numbers)	City and State 4
1 D	KING, JAMES T	~~27 OVINGTON SQUARE~~ 26 Eccleston Square	~~LONDON SW3 ENGLAND~~ SW1V 1NS
2 V	WEAVER, DAVID C	~~300 YACHT CLUB DRIVE~~ 1950 Bluewater Boulevard	NICEVILLE, FL 32578
3 D/P	ZIVAN, JEROME A	~~990 HAMMOND DR., STE. 620~~ 1950 Bluewater Boulevard	~~ATLANTA, GA~~ Niceville, FL 32578
4 S	HARRIS, HELENE R.	~~990 HAMMOND STE 620~~ 1950 Bluewater Boulevard	~~ATLANTA, GA.~~ Niceville, FL 32578
5 VP	YATES, CONCHITA A.	1950 Bluewater Boulevard	Niceville, FL 32578
6			

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

WEAVER, DAVID C
~~300 YACHT CLUB DR.~~
NICEVILLE, FL
32578

8. Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number) 1950 Bluewater Boulevard

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City FL. 85 Zip Code

9. 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 Weaver, David C. DATE
(Registered Agent, Accepting Appointment)

10. I certify that the information required 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; I further certify 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 8 or on an attachment with an asterisk.

SIGNATURE DATE

Typed Name of Officer or Director: JEROME A. ZIVAN

Title: Director/President

Telephone Number Daytime: (904) 897-3613

FILING FEE OF $61.25 REQUIRED — Make Checks Payable To: Secretary of State $8.75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION ANNUAL REPORT 1992

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

MAY 15 '92
APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

DO NOT WRITE IN THIS SPACE

FILING FEE $61.25 Make Payable To: *Secretary of State*

1. Name and Mailing Address of Corporation — DOCUMENT #840616 (7)

Procedure

EUROPCO MANAGEMENT COMPANY OF AMERICA
1950 BLUEWATER BLVD
P O BOX 906
NICEVILLE FL 32578-3879

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment

21 Mailing Address

22 P.O. Box No.

23 City and State | 24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 05/08/1978

3a. Date of Last Report: 06/24/1991

4. FEI Number: 58-1306439

FEI Number Applied For ☐ | FEI Number Not Applicable ☐

5. $8.75 Annual Report Fee

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
1	D	KING, JAMES T	26 ECCLESTON SQUARE	LONDON SW3 ENGLAND
1x				
2	V	WEAVER, DAVID C	1950 BLUEWATER BLVD	NICEVILLE, FL
2x				
3	D/P	ZIVAN, JEROME A	1950 BLUEWATER BLVD	NICEVILLE, FL
3x				
4	S	HARRIS, HELENE R.	1950 BLUEWATER BLVD	NICEVILLE, FL
4x				
5	V/P	YATES, CONCHITA A	1950 BLUEWATER BLVD	NICEVILLE, FL
5x				
6				

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

WEAVER, DAVID C
1950 BLUEWATER BLVD
NICEVILLE, FL
32578

8. Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City: FL. | 85 Zip Code

9. Pursuant to the provisions of Section 607.0402 and 607.1508 or Sections 617.0502 and 617.1508 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 _____ DATE _____
(Registered Agent Accepting Appointment)

10. This corporation was liable for intangible tax under S. 199.032, Florida Statutes: Yes ☐ No ☒ (See other side for information on filing the tax.)

11. I hereby state that the information indicated on this annual report or supplemental annual report is true and accurate and that the signature(s) below is/are the same as those required to be included in the last annual report filed with the Department of State. I hereby certify 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 6 or an attached and dated amendment.

SIGNATURE David C. Weaver DATE 5/12/92

Typed Name of Signing Officer or Director: David C. Weaver

Title: Vice President

Telephone Number of Officer or Director: (904) 897-6430

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional $5.00 to the filing fee. ☐

File Now. Filing Fee after May 1 is $225.00

CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
1993 MAY -1 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 840616 (7)

1. Name and Mailing Address of Corporation:
EUROPCO MANAGEMENT COMPANY OF AMERICA
1950 BLUEWATER BLVD
P O BOX 906
NICEVILLE FL 32578-3829

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1978
3a. Date of Last Report: 05/15/1992

FILING FEE $200.00
ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: 581306439
Applied For
Not Applicable

2. Mailing Address
21 4400 HWY 20 E., Suite 304
Suite, Apt. #, etc.
22
City & State
23
Zip 24 32588 Country 25

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired: X — $8.75 Additional Filing Fee

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes X No

9. Name and Address of Current Registered Agent

WEAVER, DAVID C
1950 BLUEWATER BLVD
NICEVILLE, FL
32578

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4400 Hwy 20 E., Suite 304
83
84 City: FL 85 Zip Code 86 Country

11. Pursuant to the provisions of Section 607.0502 and 607.1508 of Sections 617.0502 and 617.1508, 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 directors or a 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.

(Address Only) DATE

12. OFFICERS AND DIRECTORS	13. OFFICERS AND DIRECTORS CHANGES
D KING, JAMES T 26 ECCLESTON SQUARE LONDON SW3 ENGLAND	
V WEAVER, DAVID C 1950 BLUEWATER BLVD NICEVILLE FL	4400 Hwy. 20 East, Suite 304 32578
D/P ZIVAN, JEROME A 1950 BLUEWATER BLVD NICEVILLE FL	4400 Hwy. 20 East, Suite 304 32578
S HARRIS, HELENE R. 1950 BLUEWATER BLVD NICEVILLE FL	4400 Hwy. 20 East, Suite 304 32578
V/P YATES, CONCETTA A 1950 BLUEWATER BLVD NICEVILLE FL	DELETE

14. I hereby certify that the information indicated on this report or supplemental 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 with an address.

SIGNATURE Helene R. Harris DATE 4/23/93

Secretary 904-897-6432

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FILED

94 APR 27 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
EUROPCO MANAGEMENT COMPANY OF AMERICA

DOCUMENT #
840616 (7)

Mailing Address	Principal Place of Business
4400 HWY 20 EAST 304 NICEVILLE FL 32578 US	1050 BLUEWATER BLVD P.O BOX 308 NICEVILLE FL 32578

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	05/08/1978
3a. Date of Last Report	05/01/1993
4. FEI Number	59-1308439
Applied For	
Not Applicable	
5. Certificate of Status Desired	[redacted]
6. Election Campaign Financing Trust Fund Contribution	$5.00 May Be Added to Fees
7. Nonprofit Exempt from $138.75 Supplemental Fee	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	X Yes ☐ No

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

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

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE ______ DATE ______
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D	1.1 TITLE	
1.2 NAME	KING, JAMES T	1.2 NAME	
1.3 STREET ADDRESS	28 ECCLESTON SQUARE	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	LONDON SW3 ENGLAND	1.4 CITY-ST-ZIP	
2.1 TITLE	V	2.1 TITLE	
2.2 NAME	WEAVER, DAVID C	2.2 NAME	
2.3 STREET ADDRESS	4400 HWY 20 EAST, SUITE 304	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	NICEVILLE FL	2.4 CITY-ST-ZIP	
3.1 TITLE	D/P	3.1 TITLE	
3.2 NAME	ZIVAN, JEROME A	3.2 NAME	
3.3 STREET ADDRESS	4400 HWY 20 EAST, SUITE #304	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	NICEVILLE FL	3.4 CITY-ST-ZIP	
4.1 TITLE	S/T	4.1 TITLE	S/T
4.2 NAME	HARRIS, HELENE R.	4.2 NAME	
4.3 STREET ADDRESS	4400 HWY 20 EAST, SUITE #304	4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	NICEVILLE FL	4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	S
5.2 NAME		5.2 NAME	VAUGHN, JANELLE C.
5.3 STREET ADDRESS		5.3 STREET ADDRESS	4400 Highway 20 East, Suite 304
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	Niceville, FL 32578
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have notified all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Helene R. Harris — Helene R. Harris, Sect/Treasurer — 4/19/94 — 904/897-6430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 840616 (7)

1. Corporation Name
EUROPCO MANAGEMENT COMPANY OF AMERICA

Principal Place of Business: ~~1000 BLUEWATER BLVD~~ ~~P.O. BOX 908~~ NICEVILLE FL 32578

Mailing Address: ~~4400 HWY 20 EAST~~ ~~304~~ NICEVILLE ~~FL 32569~~ US

3. Date Incorporated or Qualified: 05/08/1978
3a. Date of Last Report: 04/27/1994
4. FEI Number: 58-1306439 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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 [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 4400 Hwy 20 E	26 P.O. Box 5220
Suite, Apt. #, etc. 22 Suite 304	Suite, Apt. #, etc. 27
City & State 23 Niceville, FL	City & State 28 Niceville, FL
Zip 24 32578 — Country 25 USA	Zip 29 32578 — Country 30 USA

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
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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KING, JAMES T
STREET ADDRESS	28 ECCLESTON SQUARE
CITY-ST-ZIP	LONDON SW3 ENGLAND
TITLE	V
NAME	WEAVER, DAVID C
STREET ADDRESS	4400 HWY 20 EAST, SUITE 304
CITY-ST-ZIP	NICEVILLE FL
TITLE	DP
NAME	ZIVAN, JEROME A
STREET ADDRESS	4400 HWY 20 EAST, SUITE #304
CITY-ST-ZIP	NICEVILLE FL
TITLE	ST
NAME	HARRIS, HELENE R.
STREET ADDRESS	4400 HWY 20 EAST, SUITE #304
CITY-ST-ZIP	NICEVILLE FL
TITLE	S
NAME	VAUGHN, JANELLE G.
STREET ADDRESS	4400 HIGHWAY 20 EAST STE 304
CITY-ST-ZIP	NICEVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 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)(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: [signature] — April 25, 1995 — 904-897-6430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Helene R. Harris, Sect/Treasurer