

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # F95000002055 (0)

1. Corporation Name

EUROPA STARDANCER CORPORATION

Principal Place of Business

Mailing Address

150-153RD AVE.#200
MADEIRA BEACH FL 33708

150-153RD AVE.#200
MADEIRA BEACH FL 33708



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

10. Name and Address of New Registered Agent

HUGHES, J R ESO
220 MCKENZIE AVE.
PANAMA CITY FL 32401

81 Name Bullock, Lester
82 Street Address (P.O. Box Number is Not Acceptable)
150-153rd AVE
83 Suite 200
84 Madeira Beach FL 85 Zip Code 33708

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Lester Bullock, President 4/22/96

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER, ERNEST	1.2 NAME	
STREET ADDRESS	150-153RD AVE, #200	1.3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLOCK, LESTER	2.2 NAME	
STREET ADDRESS	150-153RD AVE, #200	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIM, CHARLES	3.2 NAME	
STREET ADDRESS	150-153RD AVE, #200	3.3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITALE, DEBORAH	4.2 NAME	
STREET ADDRESS	1013 PRINCESS ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22314	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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)(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:

Lester Bullock, President
Lester Bullock, President

4/22/96 813-393-2885
Date Daytime Phone #

CR2E034 (12/95)

5/1/96