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

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Block 12 or Block 13 if changed, or on an attachment with an address

May 01 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P05146 (6)**EUROPEAN INTERIORS, INC.** Principal Place of Business Mailing Address 9033-123RD WAY, N. 9033-123RD WAY, N. **SEMINOLE FL 34642** SEMINOLE FL 34642 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/28/1985 2. Principal Place of Business 2a. Mailing Address Applied For 51-0262821 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 5. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Żip Country ²⁰33772 Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name CAREY, MICHAEL R. 100 SOUTH ASHLEY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) ashley tower, suite #1190 83 **TAMPA FL 33802** 84 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, typoid or printed name of requirered agent and their applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE ΫD TITLE INDERMAUR, MAX 1.2 NAME NAME STREET ADDRESS einsiedeln 1.3 STREET ADDRESS **SWITZERLAND** CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Addition Change TITLE 2.1 TITLE KAELIN, MARTIN 2.2 NAME EINSIEDELN STREET ADDRESS 2.3 STREET ADDRESS **SWITZERLAND** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME MOSCHINGER, HANS-PETER 3.2 NAME 9033-123RD WAY,N. 3.3 STREET ADDRESS STREET ADDRESS SEMINOLE FL CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE INDERMAUR, CHRISTIAN NAME 4. 2 NAME EINSIEDELN STREET ADDRESS 4.3 STREET ADDRESS **SWITZERLAND** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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 suppliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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