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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9300006007 (7)

EURO-AMERICAN CONSULTING, INC.

Principal Place of Business Mailing Address 4001 TAMIAMI TRAIL N. #265 400 FIFTH AVENUE SOUTH NAPLES FL 34103 SUITE 300 US NAPLES FL 34102-6550 US								3. Date incorporated or Qualified 3s. Date of Last Report			
		US	•					3. Date Incorporated or Qualified 01/26/1993	1	ie of Last H 3/1996	ероп
· · ·	Place of Business	⊢	2a. Mailing Address					4. FEI Number		Ar	oplied For
21 Suite, Apt.	# atc	26	26 4001 Tamiami Tr. N. Suite, Apt. #, etc.					65-0406264		- 1 - 1 - 1 1	ot Applicable
22 i	W. BIG.	27	Suite 265					5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
Cily & Stat	e	[Cily & State	•		· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing		\$5.00	May Be
23		28	Naples, F					Trust Fund Contribution			to Fees
Zip	Country		Zip	\vdash	Country			8. This corporation has liability for			. 199.032,
24	25 9. Name and Address of Curr	29	34103	30				Florida Statutes 10. Name and Address of New Re		No	···-
MICE	KEL, GUDRUM		stered Agent		81	Name		IV. Name and Address of New Me	Aiste.en v	your	
	FIFTH AVENUE SOUTH				82						
	TE 200					Street	l Addre	ss (P.O. Box Number is Not Acceptate	ile)		
	LES FL 33940				83			1 49			
					84	City				85 Zip	Code
									<u> </u>	<u> </u>	
office or r	registered agent, or both, in the Sta am familiar with, and accept the obli	ite of Flori	da. Such change was	s autho	rized by	the cor	rporation	oration submits this statement for the pon's board of directors. I hereby accept	ot the appo	intment as	registered
	Signature, typed or printed name of registered a	· · · · · · · · · · · · · · · · · · ·				nt signatur	re require	d when reinstating)	DATE		
12.	OFFICERS A	ND DIRE	CTORS DELETE		13.		· · · · · ·	ADDITIONS/CHANGES TO OFFIC		DIRECTOR XI Change	RS IN 12
TITLE NAME	FILTHAUT, RAINER N				1.1 TITLE 1.2 NAME				'	M Change	L.J. Addition
STREET ADDRESS	6585 NICHOLAS BLVD #110	1			1.3 STREET	ADDRESS	71	6 Turkey Oak Lane	_		
CITY-ST-ZIP	NAPLES FL	•			1.4 CITY - S		Na	ples, FL 34108	3		
TELE			☐ DELETE	_	2.1 TITLE	,	1	P100/ 12 31100		Change	Addition
NAME					2.2 NAME						
STREET ADDRESS					2.3 STREET	ADDRESS					
CITY-ST-7IP					2. 4 CITY - 5	17 - ZIP					
trut			☐ DELETE		3.1 TITLE		1		ļ	Change Change	Addition
NAME					3.2 NAME						
STREET ADDRESS					3.3 STREET						
CITY-ST-ZIP			DELETE		3.4. CITY - S	T - ZIP	 -			Change	Addition
1) LE NZME			ו) טכנכונ		4.1 TITLÉ				1	Change	
NAME ethert andhree					4. 2 NAME	ADDRESS					
STREET ADDRESS CHY+ST+ZIP					4.3 STREET 4.4 CITY - S						
TI'LE			DELETE	_	4.4 CITT - S 5.1 TITLE	1.711.	+			Change	Addition
NAME			_ _	ı i	5.2 NAME				·	•	
STREET ADDRESS				- 1	5.3 STREET	ADDRESS					
CHY-S1-7IP					5.4 CITY - S						
11°(F			DELETE		6.1 TITLE					Change	Addition
NAME					6.2 NAME						
STREET ADDRESS					6.3 STREET	ADDRESS					
CHY - S1 - 71P					64 CITY - S	T - 21P					

14. I do hereby certify that the information supplied with this filling 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.

مار ام

(au) 112 421

FILED

Feb 18 1997 8:00am

Secretary of State