

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **P93000042398 (6)**

1. Corporation Name

EURO AMERICAN MANAGEMENT, INC.



Principal Place of Business

Mailing Address

C/O ERIC E.E. BESSEM
 9700 NW 48 DR
 CORAL SPRINGS FL 33067
 US

C/O ERIC E.E. BESSEM
 9700 NW 48 DR
 CORAL SPRINGS FL 33067
 US

3. Date Incorporated or Qualified

06/15/1993

3a. Date of Last Report

06/16/1995

2. Principal Place of Business

2a. Mailing Address

21 c/o EURO AMERICAN MGMT.

26 EURO AMERICAN MGMT.

4. FEI Number

65-0428436

Applied For
 Not Applicable

Suite, Apt #, etc.

Suite Apt #, etc.

22 4902 Eisenhower Blvd. #380

27 4902 Eisenhower Blvd. #380

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 Tampa, FL

28 Tampa, FL

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

24 33634

25 USA

Zip

Country

29 33634

30 USA

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BESSEM, ERIC E.E.
 9700 N.W. 48 DRIVE
 CORAL SPRINGS FL 33067

81 Name

Eric E. E. Bessem

82 Street Address (P.O. Box Number is Not Acceptable)

c/o EURO AMERICAN MANAGEMENT, INC.

83

4902 Eisenhower Blvd., Suite 380

84 City

Tampa

FL

85

33634

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PSTD** DELETE
 NAME **BESSEM, ERIC E.E.**
 STREET ADDRESS **9700 NW 48 DR**
 CITY-ST-ZIP **CORAL SPRINGS FL**

1.1 TITLE Change Addition
 1.2 NAME **c/o EURO AMERICAN MANAGEMENT, INC.**
 1.3 STREET ADDRESS **4902 Eisenhower Blvd, Suite 380**
 1.4 CITY-ST-ZIP **Tampa, FL 33634**

TITLE **D** DELETE
 NAME **BESSEM, ERIC E.E.**

2.1 TITLE Change Addition
 2.2 NAME

TITLE **DEN HAAG TH** DELETE
 CITY-ST-ZIP **DEN HAAG TH**

2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS

3.1 TITLE Change Addition
 3.2 NAME

TITLE DELETE
 NAME
 STREET ADDRESS

3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS

4.1 TITLE Change Addition
 4.2 NAME

TITLE DELETE
 NAME
 STREET ADDRESS

4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS

5.1 TITLE Change Addition
 5.2 NAME

TITLE DELETE
 NAME
 STREET ADDRESS

5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS

6.1 TITLE Change Addition
 6.2 NAME

TITLE DELETE
 NAME
 STREET ADDRESS

6.3 STREET ADDRESS
 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Eric E. E. Bessem, President

7-23-96

813-249-0559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYPHONE/FAX #

CR2E034 (3/96)