

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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 EURO AMERICAN MANAGEMENT, INC.
4350 WEST CYPRESS STREET, SUITE 250
TAMPA FL 33607
US

EURO AMERICAN MGMT.
~~4350 WEST CYPRESS STREET, SUITE 250~~
~~TAMPA FL 33607~~
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 **4350 West Cypress Str.**

22 Suite, Apt. #, etc **suite 250**

23 City & State **Tampa, FL.**

24 Zip **33607** 25 Country

3. Date Incorporated or Qualified
06/15/1993

4. FEI Number **65-0428436** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

BESSEM, HERMAN
C/O EURO AMERICAN MANAGEMENT
TAMPA FL 33607

10. Name and Address of New Registered Agent

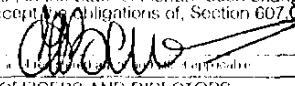
81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
4350 W. Cypress Street

83 **Suite 250**

84 City **Tampa** 85 Zip Code **FL 33607**

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: **3/16/98**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BESSEM, HERMAN	
STREET ADDRESS	4350 WEST CYPRESS STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BESSEM, HERMAN	
STREET ADDRESS	MAURITSKADE 5, 2514 HC	
CITY-ST-ZIP	DEN HAAG TH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4350 West Cypress Str., suite 250
1.4 CITY-ST-ZIP	Tampa, FL, 33607
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby 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 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 attached page with an address.

SIGNATURE:  DATE: **3/16/98**

CR2E034 (10/97)