

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
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DOCUMENT # P93000074306 (0)

1. Corporation Name
EURO III, INC.

Principal Place of Business C/O EURO AMERICAN MGMT. 400 EISENHOWER BLVD SUITE 250 TAMPA FL 33607 US	Mailing Address EURO AMERICAN MGMT. 400 EISENHOWER BLVD SUITE 250 TAMPA FL 33607 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4350 West Cypress Str. Suite, Apt. #, etc. 22 suite 250 City & State 23 Tampa, FL. Zip 24 FL 33607		2a. Mailing Address 26 4350 West Cypress Str. Suite, Apt. #, etc. 27 suite 250 City & State 28 Tampa, FL. Zip 29 FL 33607		3. Date Incorporated or Qualified 10/26/1993	
				4. FEI Number 65-0452528	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BESSEM, HERMAN 400 EISENHOWER BLVD SUITE 250 TAMPA FL 33607		10. Name and Address of New Registered Agent 81 Name Ameurco Management, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 4350 West Cypress Str. 83 Suite 250 84 City Tampa 85 Zip Code FL 33607	
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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 officer, director, and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

3/16/98
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESSEM, HERMAN	1.2 NAME	<input type="checkbox"/>
STREET ADDRESS	400 EISENHOWER BLVD SUITE 250	1.3 STREET ADDRESS	4350 West Cypress Str. suite 250
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL. 33607
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BESSEM, HERMAN	2.2 NAME	<input type="checkbox"/>
STREET ADDRESS	MAURITSKADE 5, 2514 HC DEN HAAG	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEN HAAG TH	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input 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 type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/98

813-353-8800

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CR2E034 (10/97)