AMOUNT DUE ON	OR BEFOR	RPOR E 8/7/	ATION WILL BE 36: \$225 (IF DISSO	OLVED, MININ	IUM AMOUNT I	DUE TO HI	EINSTATE: \$3/5.)	$\neg$			
PROFIT CORPORATION ANNUAL REPORT 1996					FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS						
DOCUM	ENT	#	P9300	0080	239 (	5)					
1. Corporation N					•	•			i indicani din 1840a kilis ndili 885il	L ATAM DELÊN IÊJE	: 4000 11400 1540 1540 1540
D: 100	f Duainean			Mailing	Address						
C/O ERIC E.E. 9700 NW 48 D CORAL SPRIN	. Bessem Or		C/O ERIC E.E. BESSEM 9700 NW 48 DR						Date Incorporated or Qualified	1 3a Dai	e of Last Report
US	03 71 300			US					11/19/1993 4. FEI Number		/16/1995 Applied For
2. Principal Piac 21 C/O EUR			N MGMT.	26 EUF	ling Address RO AMERT	CAN M	GMT.		4. FEI Number 65-0450495		Not Applicable  \$8.75 Additional
Suite, Apt. #. 22 4902 E1		<sub>ver</sub>	Blvd, #38	h	te, Apt #, etc. )2 Eisen	hower	Blvd, #3	80	5. Certilicate of Status Desired		Fee Required
City & State Tampa,				City	v&State npa, FL				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24 33634		25	ountry USA	Zip 29 336		30	USA		This corporation has liability for Florida Statutes	Yes X	No
			ddress of Curre	nt Registere	d Agent		81 Name E		10. Name and Address of New E. E. Bessem	registered A	gent
970 CO		ith di Ings	FL 33067				83 4 84 City	:/o 4902	ss (PO Box Number is Not Accept EURO A1ERICAN MANA Elsen'nower Blvd	GEMENT Suite <b>FL</b>	380 85 Zip Code 33634
office or re agent. I am			f Sections 607.05 r both, in the State d accept the oblig				e above-named o		ation submits this statement for the is board of directors. I hereby according to the interest of the interest		changing its registered ntment as registered
SIGNATURE 5	Signature type	d ov print	ed name of registered a	gent and little if app			stered Agent signature 13.	requirer	when reinstating) ADDITIONS/CHANGES TO OF		
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CITY-ST-ZIP	<u></u>			tion with the	filing je volunte	rily furnic	64 CITY - ST - ZIP	t oual	ly for the exemption stated in Sect	ion 119 07(3)	(k), Florida Statutes T
further ce	ertify that th	e inter	information supportation indicated in an officer or direction and the support in an officer or directions.	on this annua	report or sup	pierricita ie receive	r or trustee empo	true a	to execute this report as required	by Chapter (	317, Florida Statutes, and
SIGNAT	URE:	S	IGNATURE AND TYPE	OR PRINTED NA	Er1		E. Bessem	n, P	resident 7-23-4	6	813-249-0559 Oxyome Phone #