

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

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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000006283 (3)

1. Corporation Name

EUROPEAN MASTERS, INC.



Principal Place of Business

1649 AVE L
RIVIERA BEACH FL 33404
US

Mailing Address

1649 AVE L
RIVIERA BEACH FL 33404-5420
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

WITKOWSKI, RONALD
12788 W FOREST HILL BLVD
SUITE 2003
WEST PALM BEACH FL 33414

3. Date Incorporated or Qualified

01/26/1994

3a. Date of Last Report

06/10/1996

4. FET Number

65-0464075

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

A. FAXON HENDERSON, JR.

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

180 ~~ROYAL PALM BEACH WAY~~

83

SUITE ~~203~~

84 City

PALM BEACH

FL

85 Zip Code
33480

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

A. Faxon Henderson, Jr.

A. FAXON HENDERSON, JR.

FEB. 4, 1997

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

D
WILLIAMS, W C
932 AVENUE E
RIVIERA BEACH FL 33404

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

D
WILLIAMS, W C II
932 AVENUE E
RIVIERA BEACH FL 33404

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

VP
TEDESCO, JOHN L.
1649 AVE L
RIVIERA BEACH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

CHM. OF BOARD

☒

Change

☐

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

VIC. PRES

☒

Change

☐

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

PRESIDENT

☒

Change

☐

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐

Change

☐

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐

Change

☐

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐

Change

☐

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

W. C. Williams

W. C. WILLIAMS

1/10/97 561-848-8545

CR2E034 (9/96)