

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

95 JUN -8 AM 10:17

DOCUMENT # P94000013100 (0)

1. Corporation Name

EUROPEAN CHRISTMAS MARKET OF SARASOTA, INC.

Principal Place of Business  
~~2 NORTH BLVD. OF THE PRESIDENTS~~  
SARASOTA FL 34236  
409-ST. ARMAND'S CIR

Mailing Address  
~~2 NORTH BLVD. OF THE PRESIDENTS~~  
SARASOTA FL 34236  
409-ST. ARMAND'S CIR

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/16/1994  
3a. Date of Last Report

4. FEI Number 59-3242871  
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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent  
DYAL, LUCIUS M JR.  
501 E. KENNEDY BLVD.  
SUITE 1400  
TAMPA FL 33602

10. Name and Address of New Registered Agent  
81 Name J. Richard Claville  
82 Street Address (P.O. Box Number is Not Acceptable) 111 W. Brandon Blvd  
83  
84 City Brandon FL 85 Zip Code 33501

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, 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 *Richard Claville* DATE 5/3/95  
NOTE: Registered Agent signature required when reappointing

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MURPHY, BARBARA A
STREET ADDRESS	<del>2 NORTH BLVD. OF THE PRESIDENTS</del>
CITY - ST - ZIP	SARASOTA FL 34236
TITLE	D
NAME	MURPHY, DANIEL W
STREET ADDRESS	<del>2 NORTH BLVD. OF THE PRESIDENTS</del>
CITY - ST - ZIP	SARASOTA FL 34236
TITLE	D
NAME	MURPHY, DAVID D
STREET ADDRESS	<del>2 NORTH BLVD. OF THE PRESIDENTS</del>
CITY - ST - ZIP	SARASOTA FL 34236
TITLE	D
NAME	MURPHY, THERESA M
STREET ADDRESS	<del>2 NORTH BLVD. OF THE PRESIDENTS</del>
CITY - ST - ZIP	SARASOTA FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	409-ST. ARMAND'S CIR
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	409-ST. ARMAND'S CIR
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	409-ST. ARMAND'S CIR
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	409-ST. ARMAND'S CIR
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if warranted, on an attachment with an address.

SIGNATURE: *Daniel W. Murphy* DATE 6-1-95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DANIEL W. MURPHY DATE 6-1-95 TIME 5:24