FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Mar 20 1997 8:00am
Secretary of State

DOCUMENT # **P95000086935 (0)**

1. Corporation Name
EURO-AMERICAN FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
5121 CASTELLO DRIVE, SUITE 2 NAPLES FL 33940	5121 CASTELLO DRIVE, SUITE 2 NAPLES FL 34103-1902

3. Date Incorporated or Qualified: **11/13/1995**
3a. Date of Last Report: **03/29/1996**

2. Principal Place of Business	2a. Mailing Address
21 5117 Castello Dr	26 5117 Castello Dr.
Suite, Apt #, etc. 22 Ste #1	Suite, Apt #, etc. 27 Suit 1
City & State 23 Naples, FL	City & State 28 Naples, FL
Zip 24 34103 / Country 25 Collier	Zip 29 34103 / Country 30 Collier

4. FEI Number: **65-0619676** ☐ 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

9. Name and Address of Current Registered Agent

AMBURN, JAMES W
~~5121 CASTELLO DR~~ 5117 Castello Dr.
~~STE 2~~ Ste 1
NAPLES FL ~~33940~~ 34103

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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] James Amburn DATE 1/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	AMBURN, JAMES W	1.2 NAME	
STREET ADDRESS	5121 CASTELLO DRIVE, SUITE 2	1.3 STREET ADDRESS	5117 Castello Dr. Ste #1
CITY-ST-ZIP	NAPLES FL 33940	1.4 CITY-ST-ZIP	Naples FL 34103
TITLE	STD ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FILTHAUT, RAINER N	2.2 NAME	
STREET ADDRESS	5121 CASTELLO DRIVE, SUITE 2	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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] James W Amburn 1/29/97 941-649-1152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #