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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000087148 (9)

F. G. PROPERTY MANAGEMENT FOR EUROPEAN INVESTORS , INC.

FILED

Apr 15 1998 8:00am Secretary of State



Principal Place	e of Business	ing Address	Address			. I ABBITHMAT TIM LANDS MISTS MBITT MBITT MBITT DATA! (Driv) (MBIT 1545) WIGHT (MBIT 1907				
11125-8TH ST	25-8TH ST. E.	ST. E.								
	LAND FL 33706		TREASURE ISLAND FL 33706			DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qu		J. ACE	
}						,	11/13/1995	· · · · · · · · · · · · · · · · · · ·		
2. Principal Pi	lace of Business	26. 1	Mailing Address				4. FEI Number		IA	pplied For
21			26			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			ot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Des	ired []	\$8.75 Additional		
22		27					5. Certificate of Status Des	irea L.	Fee R	equired
City & State			City & State			6. Election Campaign Fina	ncing	\$5.00 May Be		
23		[28]					Trust Fund Contribution			to Fees
Zip	Country	· +	Lip	Count	ry		8. This corporation owes o			
24	25	29 as of Current Registe		30			Personal Property Tax d 10. Name and Address of			No
			INO ASOUT		न	Name	IU. Hame and Address of	HOW DOUBLESON	- April	
ASHCRAFT, EDELGARD G					1	raino				
	-31ST ST N		82 Street A			Street Address	ss (P.O. Box Number is Not A	cceptable)		
	TE 206	740	-							
ST PETERSBURG FL 33713										
				8	4	City		Fl	85 Zip	Code
11, Pursuant	to the provisions of Sect	ions 607.0502 and 607	.1508, Florida Statute	s, the abo	ve	named corpo	ration submits this statement			its registered
office or r agent I a	egistered agent, or both m familiar with, and acc	i, in the State of Florida ept the obligations of, t	. Such change was a Section 607.0505, Flo	uthorized l rida Statut	by es.	the corporatio	ration submits this statement n's board of directors. I hereb	y accept the ap	pointment as	s registered
SIGNATURE	Signature, typed or printed name	of registered agent and title if a	Inplicable (NOTE	Flegistered A	y en	t eignature required	when reinstating)	DATE		
12.	O	FFICERS AND DIRECT		13.			ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	D		DELETE	1.1 TITLE	•				☐ Change	☐ Addition
NAME	Grunenberg, Fr	RANK		1.2 NAM	Ę]				i
STREET ADDRESS	11125-8TH ST E			1.3 STRE	ET A	uddress				ĺ
CITY-ST-ZIP	TREASURE ISLAND	D FL 33708	T-12-	1.4 CITY		- ZIP			<u> </u>	
THILE	VP		DELETE	21 TITLE		1			Change	Addition
NAME {	GRUNENBERG, AN	VKE		2.2 NAMI		ļ				İ
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NAME				5.2 NAM						
STREET ADDRESS				5.3 STRE						ł
CITY-ST-ZIP			T perese	5.4 CITY		-ZIP			0	Addition
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NAME				62 NAMI	_					
STREET ADDRESS				6.3 STAE		1				1
CITY, CT., 7IP				64 CITY	- ST.	. 71P				

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.