
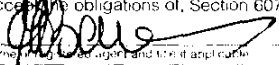
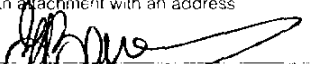


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000038712 (1) 1. Corporation Name EURO X, INC.			
Principal Place of Business 4350 West Cypress Str. Suite, Apt. #, etc. suite 250 City & State Tampa, FL. Zip 33607		Mailing Address 4350 West Cypress Str. Suite, Apt. #, etc. suite 250 City & State Tampa, FL. Zip 33607	
2. Principal Place of Business 21 4350 West Cypress Str. Suite, Apt. #, etc. 22 suite 250 City & State 23 Tampa, FL. Zip 24 33607		2a. Mailing Address 26 4350 West Cypress Str. Suite, Apt. #, etc. 27 suite 250 City & State 28 Tampa, FL. Zip 29 33607	
g. Name and Address of Current Registered Agent BESSEM, HERMAN 4350 West Cypress Str. Tampa, FL. 33607		10. Name and Address of New Registered Agent 81 Name Ameurco Management, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 4350 West Cypress Str. 83 suite 250 84 City Tampa 85 Zip Code FL 33607	
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, typed or printed name of registered agent and the date of signature (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY - ST - ZIP P BESSEM, HERMAN 4350 West Cypress Str. Tampa FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 4350 West Cypress Str., suite 250 Tampa, FL. 33607	
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.		SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/03/1996	
4. FEI Number 59-3379258	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

CR2E034 (10/97)