F COR	PROFIT CORPORATION		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham,			FILED Feb 27 1997 8:00am	
ANNUAL REPORT					Secret	Secretary of State	
DOCUN 1. Corporation		Control and a standard a sta					
Principal Place of Business C/O EURO-AMERICAN CONSULTING INC IOOI TAMIAMI TRAIL N. #265 VAPLES FL 33940-3410		C/O 4001	EURO-AMERICAN CONSI TAMIAMI TRAIL N. #26				
3		3				3a. Date of Last Report	
2. Principal Pl	lace of Business		Mailing Address		4. FEI Number 65-0674618		
Sule, Apt	Suite, Apt. #, etc.		Suite, Apt. #, etc.		·····	5 Certificate of Status Desired \$8.75 Additional	
City & State	·····	(	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	· · · · · · · · · · · · · · · · · · ·	2(p	Country	······································		
24			3 red Agent	0	Florida Statutes	Yes No	
	D-AMERICAN CONSU	ilting, inc.	and Allout	61 Name			
	5th ave s suite 30 .es fl 33940	0		oz Sreen	logiess (#.O. box number is not Accepta	018)	
				83		North	
				84 City			
off-ce or re agent Lar SIGNATURE	egistered agent, or both ni familiar with ann aven	, in the State of Florida ept the obligations of, i	<ul> <li>Such change was au Section 607.0505, Flori</li> </ul>	thorized by the corp da Statutes.	oration's board of directors. I hereby acce	ipt the appointment as registered	
12. Ditf	O DPST	FFICERS AND DIRECT					
NAME	RODENBACH, PETE		••		Dominique Rodenbac		
STREET ADDRESS	400 5TH AVE S SUI NAPLES FL 33940	ITE 300			3233 Duchess Drive Naples, FL 34112		
THE .			DELETE	2.1 TITLE	<u></u>	Change Additio	
NAME STREET ADDRESS							
CITY ST-ZIP	·····			2. 4 CITY - \$1 - ZIP		Change I Additio	
TITE? NAME			ע_ן אנונון;				
STREET ADDRESS							
CHY-ST-ZIP TITLE			DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change 🛄 Additio	
NAME REPORT ADDRESS				4. 2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS CITY: ST-ZIP				4.3 STREET ADDRESS 4.4 CITY - ST- ZIP			
THEE NAME			DELETE	5.1 TITLE 5.2 NAME		Change 🛄 Additio	
NAME STREET ADDRESS				5.3 STREET ADDRESS			
CRY SL-ZP TULE			DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Additio	
NAME		14 fe	Dittent	62 NAME			
STREET ADDRESS		• •		6 3 STREET ADDRESS			
CITY-ST Z-P 14. I do heret	by certify that the inform	ation supplied with this	s filing does not qualify ntal annual report is to the	64 CITY-ST-ZIP for the exemption s in and accurate and	ated in Section 119.07(3)(i), Florida Statul that my signature shall have the same leg eport as required by Chapter 607, Florida	es. I further certify that the al effect as if made upder path: th	