

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

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000083194 (6)

1. Corporation Name  
EUROPEAN MANOR, INC.



Principal Place of Business  
2655 MCCORMICK DRIVE  
CLEARWATER FL 34619

Mailing Address  
2655 MCCORMICK DRIVE  
CLEARWATER FL 34619-1041

3. Date Incorporated or Qualified  
10/04/1996

3a. Date of Last Report

2. Principal Place of Business  
21 760 N. Indian Rocks Rd

2a. Mailing Address  
26 1299 MAIN ST. #F  
2655 McCormick Drive

4. FEI Number  
59-3421075

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
23 Belleair Bluffs FL

27 Suite, Apt. #, etc.  
28 106  
28 Clearwater FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33770 Country USA

29 Zip 34619 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TANKEL, ROBERT L ESO  
TEW, ZINOBER, BARNES, ET. AL  
2655 MCCORMICK DRIVE  
CLEARWATER FL 34619

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 2655 McCormick Drive  
84 1299 MAIN ST. #F 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/96

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	EWART, WILLIAM J
STREET ADDRESS	760 N. INDIAN ROCKS ROAD
CITY - ST - ZIP	BELLEAIR BLUFFS FL 33770
TITLE	<input type="checkbox"/> DELETE
NAME	EWART, EDNA M
STREET ADDRESS	760 N. INDIAN ROCKS ROAD
CITY - ST - ZIP	BELLEAIR BLUFFS FL 33770
TITLE	<input type="checkbox"/> DELETE
NAME	PRESIDENT
STREET ADDRESS	MARLENE D. BACOT
CITY - ST - ZIP	556 WASHINGTON ST. WELLESLEY, MA 02181
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

MARLENE D. BACOT MARLENE D. BACOT 4.25.97. 866D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)