FILED **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00** PROFIT FLORIDA DEPARTMENT OF STATE Apr 03 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 **DIVISION OF CORPORATIONS DOCUMENT #** P96000083194 1. Corporation Name European Manor, Inc. Principal Place of Business Mailing Address 760 N Indian Rocks Rd Same Belleair FL 33770 3. Date Incorporated or Qualified | 3a. Date of Last Report 10/04/96 12/31/96 2a. Malling Address 4. FEI Number Applied For 2. Principal Place of Business 26 59-3421075 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. 8.75 Additional 6. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 **Trust Fund Contribution** Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Country Yes X No 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Robert L. Tankel, Esq Street Address (P.O. Box Number is Not Acceptable) Tew, Zinober, Barnes, Zimmet & Unice 83 2655 McCormick Drive 84 Zip Code Clearwater, FL 34619 11. Pursuant to the provisions of Sections 807.0502 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. President Director TITLE DELETE 1.1 TITLE X Addition Change Marlene Bacot NAME William J. Ewart 1.2 NAME 760 N. Indian Rocks Rd 60 Sunset Road STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP Belleair Bluffs, FL 33770 1.4 CITY - ST - ZIP Weston, MA 02193 Director TITLE 2.1 TITLE DELETE Change Addition Edan Marilyn Ewart NAME 2.2 NAME STREET ADDRESS 760 N. Indian Rocks Rd 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP CITY - ST - ZIP Belleair Bluffs, FL 33770 TITLE 3.1 TITLE DELETE Addition Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CITY - ST - ZIP CITY - ST - ZIP TITLE 41 TITLE DELETE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE 5.1 TITLE Change DELETE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP 6.1 TITLE TITLE DELETE NAME 4 6.2 NAME -04/06/98--010 STREET ADDRESS **8.3 STREET ADDRESS** CITY-ST-ZIP 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 chapged, or on an attachment with an address. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR