1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101140

Country

25

Corporation Name

EURAM ENTERPRISES, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

716 WILLDEER PL NAPLES FL 34108

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22

23

Zip

716 WILLDEER PL NAPLES FL 34108 US

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28 Zip

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FILED May 05, 1999 8:00 am Secretary of State

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	DO NOT WRIT	FE IN TH	HIS SPACE		
3.	Date Incorporated or Qualifed				
	12/16/1996				
4.	FEI Number		Applied For		
	65-0732576		Not Applicable		
5.	Certifcate of Status Desired		\$8.75 Additional Fee Required		
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
В.	This corporation owes the curre	ent year	Intangible ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent
HEHAMMER, C Q
716 WILLDEER PL
NAPLES FL 34108

	Globilal Flopolity Tax			
	10. Name and Address of New Re	gistered /	\gent	
81	Name			
82	Street Address (P.O. Box Number is Not Acceptable	ole)		
83				
84	City	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.

Country

30

SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. [] Change Addition DELETE 11TITE TITLE NEHAMMER, C 1.2 NAME NAME 716 WILL DEER PL 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34108 14 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 T/H F TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIE CITY-ST-ZIP

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 13 if changed of the an attachment with an appears, with all other like empowered.

SIGNATURE:

MATURE AND PYPER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 (941)596 1992

Date Dayline Phone #

CR2E034 (11/98)