


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

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

05-05-1999 90161 049 \*\*\*150.00

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|---|--|---|--|--|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>  |  |  |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                             |  |
| <b>DOCUMENT # P96000101140</b>  |  |   |  |  |  |
| 1. Corporation Name<br><b>EURAM ENTERPRISES, INC.</b>   |  |   |  |  |  |
| Principal Place of Business<br><b>716 WILLDEER PL<br/>NAPLES FL 34108<br/>US</b>  |  |   | Mailing Address<br><b>716 WILLDEER PL<br/>NAPLES FL 34108<br/>US</b> |  |  |
| 2. Principal Place of Business  |  | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified<br><b>12/16/1996</b>   |  |
| 21  |  | 26  |  | 4. FEI Number<br><b>65-0732576</b>   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |  |
| 22  |  | 27  |  | 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| City & State  |  | City & State  |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 23  |  | 28  |  |  |  |
| Zip Country   |  | Zip Country   |  |  |  |
| 24 25   |  | 29 30   |  |  |  |
| 9. Name and Address of Current Registered Agent<br><b>HEHAMMER, C Q<br/>716 WILLDEER PL<br/>NAPLES FL 34108</b>   |  |   | 10. Name and Address of New Registered Agent                         |  |  |
|   |  |   | 81 Name  |  |  |
|   |  |   | 82 Street Address (P.O. Box Number is Not Acceptable)                |  |  |
|   |  |   | 83   |  |  |
|   |  |   | 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |  |  |  |
| 12. OFFICERS AND DIRECTORS  |  |   |  |  |  |
| 1.1 TITLE <input type="checkbox"/> DELETE   |  |   |  |  |  |
| 1.2 NAME <b>NEHAMMER, C</b>   |  |   |  |  |  |
| 1.3 STREET ADDRESS <b>716 WILL DEER PL</b>  |  |   |  |  |  |
| 1.4 CITY-ST-ZIP <b>NAPLES FL 34108</b>  |  |   |  |  |  |
| 2.1 TITLE <input type="checkbox"/> DELETE   |  |   |  |  |  |
| 2.2 NAME  |  |   |  |  |  |
| 2.3 STREET ADDRESS  |  |   |  |  |  |
| 2.4 CITY-ST-ZIP   |  |   |  |  |  |
| 3.1 TITLE <input type="checkbox"/> DELETE   |  |   |  |  |  |
| 3.2 NAME  |  |   |  |  |  |
| 3.3 STREET ADDRESS  |  |   |  |  |  |
| 3.4 CITY-ST-ZIP   |  |   |  |  |  |
| 4.1 TITLE <input type="checkbox"/> DELETE   |  |   |  |  |  |
| 4.2 NAME  |  |   |  |  |  |
| 4.3 STREET ADDRESS  |  |   |  |  |  |
| 4.4 CITY-ST-ZIP   |  |   |  |  |  |
| 5.1 TITLE <input type="checkbox"/> DELETE   |  |   |  |  |  |
| 5.2 NAME  |  |   |  |  |  |
| 5.3 STREET ADDRESS  |  |   |  |  |  |
| 5.4 CITY-ST-ZIP   |  |   |  |  |  |
| 6.1 TITLE <input type="checkbox"/> DELETE   |  |   |  |  |  |
| 6.2 NAME  |  |   |  |  |  |
| 6.3 STREET ADDRESS  |  |   |  |  |  |
| 6.4 CITY-ST-ZIP   |  |   |  |  |  |

DO NOT WRITE IN THIS SPACE



SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)