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

P**R**OFIT CORPORATION ANNUAL REPORT

TITLE NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P96000104017 (4)

AMEUR	CO HOLDING, INC.	,			
Principal Place	ol Business	Mailing Address		3 (BAI(BA) (18 1811) BIIII BAILI BAILI ABIAL (1811 AB	hili distr daidt man habt fabt
**************************************		X\$900 XEKRIMMENKERSIMONUEXIKIR XEHTE (\$60 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
				01/01/1997	
2, Principal Place of Business		28. Mailing Address 26 4350 West Cypress Str.		4. FEI Number Applied F	
21 4350 West Cypress Str.				59-3418219	Not Applicable
Suite, Apt. #, etc. suite 250		Suite, Apt. #, etc. 27 suite 250		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State Tampa		City & State 28 Tampa, FL.	•	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 3360	Country	7ip 29 33607	Country 30	This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Inlangible
<u> </u>	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	d Agent
11. Pursuant toffice or reagent. Lar	o the provisions of Sections 607 05 igistered agent, or both in the State in familiar with, and accoping the	02 and 607 1506. Florida Statute e of Florida Such change was ar aptions of, Section 607 0505. Flor	s, the above named aborized by the corpida Statutes.	corporation submits this statement for the purpose corralicin's board of directors. I hereby accept the appropriate the second of the correction of the corr	85 Zip Code of changing its registered opointment as registered
SIGNATURE	Signature type over principle to a copy figure of		Registored Agent e-gnature	3110100	
12.	OT ICHS AN	ID DIRI CTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT	
TITLE	\$ D	DELETE	1.1 1111.6		Change Addition
NAME	KENNE DY, KRISTEN		1.2 NAME		050
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MOBASHUTE SOOKXX	1.3 STREET ADDRESS	4350 West Cypress Str., su	ite ZSU
CITY-ST-ZIP	MARKEK RESERVEXX		1.4 CHY-ST-7IP	Tampa, F1. 33607	Change Addition
TITLE	PO	DELETE	2 1 TITLE		Change LI Addition
NAME	BESSEM, HERMAN	NEW 114 4 A	2 2 NAME		
STREET ADDRESS	MAURITSKADE 5, 2514 HC [JEN HAAG	2 3 STREET ADDRESS		
CITY-ST-ZIP	THE NETHERLANDS OC	□ OFLETE	2. 4 CITY-S1-7IP		Change Addition
TITLE		□ btttt	3 1 TillE		briange nounter
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-7IP		

14. Thereby certify that the information supplied with this tiling 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

4.1 TITLE

4.2 NAME 4.3 STREET ADDRESS

5.1 TIELE

5.2 NAME

6.1 TITLE

62 NAME

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

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Change

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Addition

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FILED

Jun 17 1998 8:00am

Secretary of State