

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 04 1998 8:00am
Secretary of State

DOCUMENT # P97000009409 (8)

1. Corporation Name

EUROPEAN FINANCIAL SERVICES, INC.

Principal Place of Business

% HEAD OFFICE INC
713 WHITEHEAD STREET
KEY WEST FL 33040

Mailing Address

% HEAD OFFICE INC
713 WHITEHEAD STREET
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3051 CASTELLO DR

26 3051 CASTELLO DRIVE

22 Suite, Apt. #, etc.
SUITE 103

27 Suite, Apt. #, etc.
SUITE 103

23 NAPLES, FL

28 NAPLES, FL

24 ZIP
34103

Country

29 ZIP
34103

Country

9. Name and Address of Current Registered Agent

FISCHER PETER K
713 WHITEHEAD STREET
KEY WEST FL 33040

deceased

10. Name and Address of New Registered Agent

81 Name

RAU MICHAEL

82 Street Address (P.O. Box Number is Not Acceptable)

3051 CASTELLO DRIVE SUITE 103

83

84 City

NAPLES

FL

85 ZIP
34103

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

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

PVSD

NAME

RAU, MICHAEL W

STREET ADDRESS

PFEIFERTALSTRASSE 7 B

CITY-ST-ZIP

D-67685 EULENBIS GERMANY

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ DELETE

TITLE

NAME

STREET ADDRESS

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 officer 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: 7/10/12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAU, MICHAEL 04/15/98

Date

Daytime Phone #

0145555

CR2E034 (10/97)