


**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90030 022 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000009409</b>			
1. Corporation Name <b>EUROPEAN FINANCIAL SERVICES, INC.</b>			
Principal Place of Business <b>5051 CASTELLO DR SUITE 103 NAPLES FL 34103 US</b>		Mailing Address <b>5051 CASTELLO DR SUITE 103 NAPLES FL 34103 US</b>	
2. Principal Place of Business <b>21 5117 Castello Dr</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 5117 Castello Dr</b> Suite, Apt. #, etc.	
22 City & State <b>23 Naples, FL</b> Zip <b>24 34103</b>		27 City & State <b>28 Naples, FL</b> Zip <b>29 34103</b>	
9. Name and Address of Current Registered Agent <b>RAU, MICHAEL 5054 CASTELLO DR SUITE 103 NAPLES FL 34103</b>			
10. Name and Address of New Registered Agent <b>81 Name Amburn, James W. 82 Street Address (P.O. Box Number is Not Acceptable) C/O Euro-American Financial 83 5117 Castello Dr, Stel 84 City Naples FL 85 Zip Code 34103</b>			
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 <i>[Signature]</i> <b>JAMES W AMBURN</b> DATE <b>3/30/99</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAU, MICHAEL

3-1-99

Date

941-649-1152

Daytime Phone #

CR2E034 (11/98)