PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000009409

EUROPEAN FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address		
5051 CASTELLO DR SUITE 103 NAPLES EL 34100 US 2. Principal Place of Business	5051 Castello DR Suite 103 Naples Fl 34103 US	3. 0	
	2a. Mailing Address 26 5117 Costello Dr	4. F	
21 517 Castello Dr Suite, Apt. *, etc.	Suite, Apt. #, etc.	5. (

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

03-09-1999 90030 022 ***150.00



Principal Place of Business	Mailing Address					
5051 CASTELLO DR	5051 CASTELLO DR		1			
SUITE 103	SUITE 103		DO NOT WRITE IN T	HIS SPACE		
NAPLES EL 34103	NAPLES FL 34103 US		3. Date incorporated or Qualifed	·		
US	<i>y</i>		01/24/1997		i	
	2a. Mailing Address		4. FEI Number	Apr	olied For	
2. Principal Place of Business		la Dr	-APPLIED FOR 59-3539	448 NOI	Applicable	
27517 Castello Dr	Suite, Apt. #, etc.	Ψ		\$8.75 A	dditional	
Suite, Apt. #, etc.	<u> </u>		5. Certificate of Status Desired	Fee Re	beriup	
City & State	City & State		6. Election Campaign Financing	\$5:00-	May Be ∸	
h 1 4 (T)	28 Naples F		Trust Fund Contribution	Added to	Fees	
Zip Country	Zíp	Country	8. This corporation owes the current year	r Intangible		
24 34/03 [25]	129 34103 130		Personal Property Tax.		□No □	
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	red Agent		
		81 Name A	mburn, James W.		1	
CRAU, MICHAEL			ress (P.O. Box Number is Not Acceptable)	21.65.1		
5054 CASTELLO DR			Euro-American Fu	nuncial		
-SUITE 103		83 -113	+ Castello Dr. Stel			
NAPLES FL 34103	_	84 City 1 2	7_ (303 1	. 85 ZIAC	iode o	
		1 1 1 1 1 1 1 1 1	ublas	FL 134	103	i
Pursuant to the provisions of Sections 607.050 office or registered agent, or both in the State agent. Vam familiar with, and accept the obligations.	2 and 807 1508, Florida Statutes.	the above-named corp	deration submits this statement for the purposes beard of directors. I bereby accept the all	e of changing its projutment as rec	registered	
office or registered agent, or both, in the State	of Flandar, Such change was auth Nens of Section 607.0505, Flodd:	a Statutes	3	100/	2	ĺ
	w I	AMES W	HMBUEN 3	130/	<u> </u>	
SIGNATURE / WINCY// COM	· · · · · · · · · · · · · · · · · · ·					
Signature, typed or printed name of regulation agen	and title if applicable. (NOTE: R4	gistered Agent signature require	od when rejnetating)	AND DIDECTO	DC IN 12	á
Signature, typed or printed name of registered agen	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		RS IN 12	1/9R)
Signature, typed or printed name of registered agen	· · · · · · · · · · · · · · · · · · ·	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	4 (11/98)
12. OFFICERS AN TIME PVSD RAU, MICHAEL W	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS		RS IN 12	034 (11/98)
12. OFFICERS AN TITLE PVSD NAME RAU, MICHAEL W STREET ADDRESS PFEIFERTAL STRASSE 7 B	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS		RS IN 12	20E034 (11/98)
12. OFFICERS AN TIME PVSD RAU, MICHAEL W	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition	CR2E034 (11/98)
12. OFFICERS AN TITLE PVSD NAME RAU, MICHAEL W STREET ADDRESS PFEIFERT ALSTRASSE 7 8	D DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS		RS IN 12 Addition	CR2E034 (11/98)
12. OFFICERS AN TITLE PVSD NAME STREET ADDRESS CITY- ST-ZIP D-67685 EULENBIS GERMANY	D DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition	CR2E034 (11/98)
12. OFFICERS AN TITLE PVSD NAME STREET ADDRESS CITY- ST-ZIP TITLE D-67685 EULENBIS GERMANY	D DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition	CR2E034 (11/98)
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rate and that my signature shall have the same legal effect as if made under oath; that I am an accute this report as required by Chapter 607, Florida Statutes; and that my name appears in other like empowered.

SIGNATURE: