P97000044489

STORE TO H S. P.L. EURO-AMERICAN FINANCIAL SERVICES, INC. 5117 Castello Dr. Suite 1 Naples, Florida 34103 USA City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) 300002355723--1 (Corporation Name) (Document #) Pick up time Certified Copy Walk in Photocopy Certificate of Status ₩ill wait Mail out NEW FILINGS AMENDMENTS Profit Amendment Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION PA Chg. Annual Report Foreign Fictitious Name Limited Partnership Name Reservation DEC 1 1 1997 Reinstatement Trademark Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 4, 1997

EURO-AMERICAN FINANCIAL SERVICES, INC. 5117 CASTELLO DR., SUITE 1 NAPLES, FL 34103

SUBJECT: BEMAX PROPERTIES, INC.

Ref. Number: P97000044489

We have received your document for BEMAX PROPERTIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

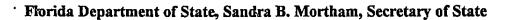
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6909.

Velma Shepard Corporate Specialist

Letter Number: 197A00057346

97 DEC 10 AM 8: 21
DIVISION OF CORPORATIONS



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-	provisions of sections pration organized unde	•	•		oriaa Statutes	s, me
submits the follow	ving statement in orde	er to change its r	egistered offi	ce or registered ag	zent, or both, i	n the
State of Florida.		-				
1. The name of th	e corporation is:&	emah P	opertié	sulne.	_ حی	
	-		•)	会 8	A STATE OF THE PARTY OF THE PAR
0 ml - 11 - 3	1	· - C		. 4.	5600	2
2. The mailing ad	dress of the corporation	on is: <u>Up cu</u>	ro-Ume	recon-tina	Clark Ser	was and
5117 Cast	Ello Dr., Si	te 1, 7	Deples,	FL 34/03	<u> </u>	<i>بي</i> ي.
		•	•			
	oration/qualification: <u> </u>			iment number: ps	170000444	2897 ·
4. The name and	address of the current	registered agent	and omce:			
_	Corporate	agents,	In Co	otporation Scru	ice Compan	g
_	POBOL	13397	/2	or Hays st.		
	\sim .	· _		77 Tallahassa	- El 2501	~555
_		,			,	- 2020
5. The name and	address of the new reg					
	James W	Imelican		ial Service	0.0	
	^	-		1	<i>~</i>	
-		ello Dr.,	Seute	(=	
_	Naples	, FL 34103				
The street addres agent, as changed	s of its registered offic l, will be identical.	e and the street a	address of the	business office of	its registered	
Such change was authorized by the	authorized by resoluti	on duly adopted	by its board o	of directors or by a	n officer so	
1 /1 /3						
100	er, chairman or vice chairm	£4b - b		12-8-97		
(Signature of an office	•		·	(Date)	· = -	
	MITX	STAH	<u></u>		<u></u>	
77 . 7	7 7	(Printed or typed n		A .7 7	•	
Having been nam I hereby accept th	ned as registered agen he appointment as reg provisions of all statut with and accept the c	t and to accept s istered agent and	ervice of prod l agree to act	cess for the above : t in this capacity.	stated corpora I further agree	ition, e to
comply with the p	provisions of all statute	es relative to the	proper and o	complete performa	nce of my dutie	es,
		onganon of my	position as re	gisici cajagoni.		
(homes)	Sole			10/9/97	-	<u> -</u> .
(Signature o	of Registered Agent)	 -		(Date)		
If signing on beh	alf of an entity:			_		
 -	1					
ANMES	HM BURN Printed Name)	-		(Canacity)		-
(Taber of t	Inner Haine)			(Capacity)		

FILING FEE: \$35.00

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