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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # D07000104405

1. Corporation Name EUROPEAN MARKETING SERVICES, INC.				
Principal Place of Business Mailing Address				
4133 SOUTHEAST 10TH COURT 4133 SOUTHEAST 10TH COU			RT	
CAPE CORAL FL 33904 CAPE CORAL FL 33904				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				12/11/1997
2. Principal Place of Business 2a.		2a. Mailing Address		4. FEI Number 65 - (21917) Applied For
21		26		APPLIED FOR OVI 10 Not Applicable
Suite, Apt. #, etc.		Suitē, Apt. #, etc.	•	5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State City & State			6. Election Campaign Financing S5.00 May Be	
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 30	<u> </u>	Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent	_	10. Name and Address of New Registered Agent
COMPANIATION OFFICE COMPANIA			81 Name	1 AURACK EBELHALD
CORPORATION SERVICE COMPANY			82 Street Add	dress (P.O. Box Number is Not Acceptable)
1201 HAYS STREET			43	SSSE TOW CONCI
TALLAHASSEE FL 38301/2525			83	<u>e</u>
			84 City Co	O S S Zin Code
, <			-	AKI_ CAKAL FLI KKAAA
11. Pursuant to the provisions of Sections 607.0592 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of 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				1-18-1999
Signature, typed or printed name of regit (2005 agent) and title if applicable. (NOTE: R			egistered Agent signature requi	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D \	☐ DELETE	1.1 TITLE	Change Audition
NAME 4	FBLAUROCK, EVA	-	1.2 NAME	
STREET ADDRESS	4133 SOUTHEAST 10TH COUR	ı	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904		1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BLAUROCK, EVERHARD	_	2.2 NAME	
STREET ADDRESS	4133 SOUTHEAST 10TH COUR	·	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904		2, 4 CITY-ST-ZIP	
TITLE	•	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	<u>.</u>		3.2 NAME '	
STREET ADDRESS	:		3.3 STREET ADDRESS	
C/TY+ST-ZIP	<u>:</u>		3.4. CfTY-ST-ZfP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	, -		4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	

6 CITY-ST-ZIP 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 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, with all other like empowered.

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ DELETE

DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90116 043 ***150.00

Change

Change

☐ Addition

☐ Addition