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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 29 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000060358**

1. Corporation Name
EUROPEAN VENTURES, INC.

Principal Place of Business
~~C/O STEARNS WEAVER MILLER ET AL~~
~~150 W FLAGLER ST, SUITE 2200~~
~~MIAMI FL 33130~~

Mailing Address
~~C/O STEARNS WEAVER MILLER ET AL~~
~~150 W FLAGLER ST, SUITE 2200~~
~~MIAMI FL 33130~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3445 Peachtree Rd. NE
Suite 700
Atlanta, GA 30326
Zip | Country

2a. Mailing Address
3445 Peachtree Rd. NE
Suite 700
Atlanta, GA 30326
Zip | Country

3. Date Incorporated or Qualified
07/08/1998

4. FEI Number — [X] 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 the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

WEISSLER, ROBERT I
2200 MUSEUM TOWER
150 W FLAGLER ST
MIAMI FL 33130

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 | DATE

12. OFFICERS AND DIRECTORS

TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRES	[ ] Change [X] Addition
NAME	Robert Flanders	
STREET ADDRESS	3445 Peachtree Rd. NE Suite 700	
CITY-ST-ZIP	Atlanta, GA 30326	
TITLE	VST	[ ] Change [ ] Addition
NAME	Mark Rafuse	
STREET ADDRESS	3445 Peachtree Rd. NE Suite 700	
CITY-ST-ZIP	Atlanta, GA 30326	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CR2E034 (11/98)

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.

SIGNATURE: [signature] Robert Flanders 4/28/99 (404) 364-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR