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 # S27459

AMERICAN EUROPEAN TRUST, INC.

Principal Place	e of Business	Mailing Address					
20 LAMBTON		120 LAMBTON LANE					
VAPLES FL 33942		NAPLES FL 33942			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					01/25/1991		
2. Principal Place of Business 2a. Mailing Addres					4. FEI Number	Ap	plied For
4	26				65-0331975	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional		
2		27	27		5. Certifcate of Status Desired	Fee Re	quired
City & State		City & State			6. Election Campaign Financing - \$5.00 May Be		
3		28			Trust Fund Contribution	Added t	o Fees
Zíp	Country	Zip	Coun	try	8. This corporation owes the current year Intan-	gible	_
4	25	29 3	0		1 Croonar Property	Yes	□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Ag	ent _	
F. W.	IDA DETLET		{	Name			İ
	IBA, DETLET		TE	32 Street Add	ress (P.O. Box Number is Not Acceptable)		
	LAMBTON LANE						
NAP	LES FL 33942		1	83			·
			1	34 City		85 Zip (Code
	•			'	FL		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, therab	ove-named corr	poration submits this statement for the purpose of ch	anging its nent as re	registered aistered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut lations of, Section 607.0505, Florid	ia Staju	y III COID	on's board of directors. I hereby accept the appointm	QQ	giotorou
	Datel Dzilak)()	N	M mo	7 7 10 -	- 747	
SIGNATURE	Signature, typed or frinted name of registered ag	ent and title if applicable. (NOTE: R	tegisterati A	gent signature require			
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D	☐ DELETE	1.1 1111	E	·	Change	Addition
NAME	dziuba, detlef		1.2 NAM	Æ			
STREET ADDRESS	120 LAMBTON LANE		1.3 STR	EET ADORESS			
CITY-ST-ZIP	NAPLES FL 33942		1.4 CITY	/-ST-ZIP			
TITLE		☐ DELETE	2.1 TITL	E	[_ Change	☐ Addition
NAME			2.2 NAM	Œ			
STREET ADDRESS			2.3 STR	EET ADDRESS			
CITY-ST-ZIP -		ودمين بالوالو	li .	Y-ST-ZIP	and the second of the second o	- <u>-</u> +	
TITLE	DELETE		3.1 TITL			Change	☐ Addition
NAME			3.2 NAM	1			
STREET ADDRESS	,			EET ADDRESS			
				Y-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	4.1.TITL			Change	Addition
TITLE			4.2 NA		•		
NAME	· ·			EET ADDRESS			
STREET ADDRESS			1				
CITY-ST-ZIP		☐ DELETE		Y-ST-ZIP		Change	Addition
TITLE	1		5.1 TITL 5.2 NAA	1	'	090	
NAME	}		1	- 1			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP		Change	Addition
TITLE		☐ DELETE	6.1 TITL		· ·		☐ Addition
NAME	}		6.2 NAM	- 1			
STREET ADDRESS	A Commence of the Commence of		6.3 STR	EET ADDRESS			
12	1 5/						

SIGNATURE:

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 produired 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 otherwise empowered.

FILED

May 01, 1999 8:00 am Secretary of State

05-01-1999 90053 044 ***150.00