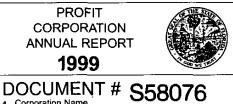
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90177 050 ***150.00

AMEURC	O MANAGEMENT, INC.							
Principal Place	e of Business	Mailing Address			- I TODUTOTA IOT BUTH! TORIN TORIN BUTH BUTH BUTH BUTH DIDIL BUTH! DIDIL BUTH! BUTH! BUTH! BUTH!			
C/O EURO AMERICAN MANAGEMENT. INC. 1350 WEST CYPRESS STREET. SUITE 250 TAMPA FL 33607		4350 WEST CYPRESS ST STE 250 TAMPA FL 33607		DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE			
J\$		U\$		3. Date Incorporated or Qualifed 06/03/1991	1			
2. Principal Place of Business		2a. Mailing Address 26		4. FEI Number 98-0124413	Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country 25	Zip 30	Country	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
BESSEM, HERMAN 4350 W CYPRESS TREET STE 250 TAMPA FL 33607				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83				
			84 City	У	85 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

agent. I ar	n familiar with, and accept the obligations of, Section 6	07.0505, Florida	Statutes.	4/301	69						
SIGNATURE Signature, typed or printed name of pages people agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AN							
TITLE	P	DELETE	1.1 TITLE	G AN ET	X Change	Addition					
NAME	BESSEM, HERMAN		1.2 NAME	SAME							
STREET ADDRESS	4902 EISENHOWER BLVD #380		1.3 STREET ADDRESS	4350 West Cypress St., Suite	e 250						
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA FLORIDA 33607							
TITLE		DELETE	2.1 TITLE		Change	☐ Addition					
NAME			2.2 NAME			ľ					
STREET ADDRESS	•.		2.3 STREET ADDRESS								
CITY-ST-ZIP	<u> </u>		2. 4 CITY-ST-ZIP								
TITLE] DELETE	3.1 TITLE		Change	Addition					
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREET ADDRESS								
CITY-ST-ZIP			3.4. CITY-ST-ZIP								
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								
TITLE		DELETE	5.1 TITLE		☐ Change	☐ Addition					
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-ST-ZIP								
TITLE		DELETE	6.1 TITLE		Change	☐ Addition					
NAME			6.2 NAME			Ī					
STREET ADDRESS			6.3 STREET ADDRESS	·							
CITY-ST-ZIP			6.4 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.

SIGNATURE: