SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMOUNT DUE ON 3R BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT: P CORPORATION FLORIDA DEPARTMENT OF STATE FILED Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 96 NOV -7 PH 3: 44 DOCUMENT # (1)V58807 SECRETARY OF STATE TALLAHASSEE, FLORIDA EUROPEAN-AMERICAN DEVELOPMENT CORP. Mailing Address Principal Place of Business 253 MERRITT SQUARE MALL 253 MERRITT SOUARE MALL SUITE 584 SUITE 584 3a. Date of Last Report MERRITT ISLAND FL 32952-3309 3. Date Incorporated or Qualified MERRITT ISLAND FL 32952-3309 08/20/1992 05/18/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3231926 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip Zip Yes No Ftorida Statutes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ohn Dolan. Name JOHN DOLAN Street Address (P.O. Box Number is Not Acceptable) 253 MERRITT SQ. MALL #583 **MERRITT ISLAND FL 32952** Zip Code 84 City 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 clotice 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 appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 0 SIGNATURE (NOTE: Registered Agent signature required when rainstating) ne of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 800002003158 Addition DELETE 1 1 TITLE TITLE CR2E034 -11/13/96--01133--010 1.2 NAME VINCENT. D NAME 3 STREET ADDRESS 253 MERRITT SQ MALL #584 \*\*\*\*225.00 \*\*\*\*225.00 STREET ADDRESS MERRITT ISLAND FL 32952 1.4 CITY - ST - ZIP CITY-ST-ZIF Change Addition 2.1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP Change Addition CITY-ST-ZIF DELETE 3 1 TITLE 3.2 NAME 3.3 STREET APORESS STREET ADDRESS 3.4. CITY - ST-2IP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP this large is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I I not report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if or poration or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and feed, or open attachment with an address. I do hereby certify that the information further certify that the information indi-made under oath; that I am an office. that my name appears SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR