

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

901-9010



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

PROFIT CORPORATION
ANNUAL REPORT
1996

DOCUMENT # F95000002029 (5)

1. Corporation Name
BALCKE-DURR, INC.



Principal Place of Business: 405 REO STREET - SUITE 300 TAMPA FL 33609
Mailing Address: 405 REO STREET - SUITE 300 TAMPA FL 33609

3. Date Incorporated or Qualified: 04/26/1995
3a. Date of Last Report
4. FEI Number: 65-0567738
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 has liability for intangible tax under s. 193.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country; 25
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 200001865982
-06/18/96--01133--033
84 City: ***200.00
85 Zip Code: FL

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 any)

(Typed) Registered Agent Signature (typed after registration)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EUNSON, JACK T	
STREET ADDRESS	405 N. REO ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	JANOSIK, JOHN J	
STREET ADDRESS	405 N. REO ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENNING, HERBERT H	
STREET ADDRESS	HOMBERGER STRASSE 2	
CITY-ST-ZIP	GERMANY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOCH, HANS W	
STREET ADDRESS	MEERBUSCH	
CITY-ST-ZIP	GERMANY	
TITLE	C	<input type="checkbox"/> DELETE
NAME	SCHLUTER, ANDREAS	
STREET ADDRESS	DUISBURGER STR. 375	
CITY-ST-ZIP	GERMANY	
TITLE	DAST	<input checked="" type="checkbox"/> DELETE
NAME	KRAMER, LUDGER	
STREET ADDRESS	P.O. BOX 15040	
CITY-ST-ZIP	WORCESTER MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92		
1. TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/ren
2. NAME	HENDRIKUS DE WAART	
3. STREET ADDRESS	405 N. REO ST.	
4. CITY-ST-ZIP	TAMPA, FL 33609	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RAINER H. HARTENECK	
2.3 STREET ADDRESS	405 N. RED ST.	
2.4 CITY-ST-ZIP	TAMPA, FL 33609	
3.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DR. BURKHARD SCHMOLCK	
3.3 STREET ADDRESS	5 NEPONSET ST.	
3.4 CITY-ST-ZIP	WORCESTER, MA 01606	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KURT SCHNEIDER	
4.3 STREET ADDRESS	405 N. RED ST	
4.4 CITY-ST-ZIP	TAMPA, FL 33609	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HANS-WOLFGANG KOCH	
5.3 STREET ADDRESS	HOMBERGER STRASSE 2	
5.4 CITY-ST-ZIP	RATIGEN 1, D-40882 GERMANY	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HERBERT HENNING	
6.3 STREET ADDRESS	HOMBERGER STRASSE 2	
6.4 CITY-ST-ZIP	RATIGEN 1, D 40882 GERMANY	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered or trusted 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 in Block 14 with an address.

SIGNATURE: X [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RAINER H. HARTENECK

4/30/96 813-289-1516
[Signature]

CR2E034 (12/95)