

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

FILED

May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra D. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000006044 (9)
 1. Corporation Name
BALCKE-DURR CONSOLIDATED, INC.



Principal Place of Business
405 N. REO TAMPA FL 33609

Mailing Address
405 N. REO TAMPA FL 33609-1000

3. Date Incorporated or Qualified
11/18/1996

3a. Date of Last Report

4. FEI Number
59-3399907

Applied For
 Yes 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. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	SCHLUTER, A.	
STREET ADDRESS	HOMBERGER STRASSE 2, D-40882 RATINGEN	
CITY-ST-ZIP	GERMANY	
TITLE	C	<input type="checkbox"/> DELETE
NAME	HENNING, H.	
STREET ADDRESS	HOMBERGER STRASSE 2, D-40882 RATINGEN	
CITY-ST-ZIP	GERMANY	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	DE WAART, H.	
STREET ADDRESS	405 N. REO	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARTENECK, R.	
STREET ADDRESS	405 N. REO	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	C	<input type="checkbox"/> DELETE
NAME	HENNING, H.	
STREET ADDRESS	HOMBERGER STRASSE 2, D-40882 RATINGEN	
CITY-ST-ZIP	GERMANY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____ 4/22/97 813 9200919
 _____ Date Daytime Phone #

CR2E034 (9/96)