

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 4:02

DOCUMENT # **J29998** (8)

1. Corporation Name
HANS EGGER, INC.

Principal Place of Business 7800 W OAKLAND PARK BLVD. BLDG. "G" SUNRISE FL 33351-6741	Mailing Address 7800 W OAKLAND PARK BLVD. BLDG. "G" SUNRISE FL 33351-6741
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/22/1986	3a. Date of Last Report 03/17/1994
4. FEI Number 59-2800497	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent
**JOVANOVIC, DOUGLAS
315 SE 7 ST
FIRST FLOOR
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EGGER-SCHMUKI, HANS
STREET ADDRESS	7800 W OAKLAND PK BLVD
CITY ST ZIP	SUNRISE FL
TITLE	D
NAME	HELBING-EGGER, MAYA
STREET ADDRESS	7800 W. OAKLAND PK BLVD.
CITY ST ZIP	SUNRISE FL
TITLE	D
NAME	RACH-EGGER, BEATRIX
STREET ADDRESS	7800 W OAKLAND PK BLVD
CITY ST ZIP	SUNRISE FL
TITLE	D
NAME	EGGER-TOBLER, ISO
STREET ADDRESS	7800 W OAKLAND PK BLVD
CITY ST ZIP	SUNRISE FL
TITLE	VP
NAME	LAPIERRE, REJEAN
STREET ADDRESS	7800 W OAKLAND PK BV
CITY ST ZIP	SUNRISE FL
TITLE	S
NAME	HELBING, JOSEF
STREET ADDRESS	7800 W OAKLAND PK BLVD
CITY ST ZIP	SUNRISE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY ST ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY ST ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY ST ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY ST ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY ST ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY ST ZIP	

14. I, the undersigned, hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 113.02(3)(b), Florida Statutes. I further certify that the information submitted 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 liquidator empowered to execute the report as required by Chapter 1817, Florida Statutes, and that my name appears on Block 12 or 13 of this report, or on an attachment with an address.

SIGNATURE:  **Rejean Lapierre** V.P. 3/13/95 305-749-8802
DATE: _____