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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **J29998**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/22/1986

4. FEI Number
 59-2800497

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOVANOVIC, DOUGLAS
 315 SE 7 ST
 FIRST FLOOR
 FT LAUDERDALE FL 33301

81 Name

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

888 SE Third ave

83

Suite 400

84 City

Fort Lauderdale

FL

85 Zip Code

33316

-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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME ~~PD~~ EGGER-SCHMUKI, HANS
 STREET ADDRESS 7800 W OAKLAND PK BLVD
 CITY-ST-ZIP SUNRISE FL

1.1 TITLE DIRECTOR Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME D HELBING-EGGER, MAYA
 STREET ADDRESS 7800 W. OAKLAND PK BLVD.
 CITY-ST-ZIP SUNRISE FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME D RACH-EGGER, BEATRIX
 STREET ADDRESS 7800 W OAKLAND PK BLVD
 CITY-ST-ZIP SUNRISE FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME D EGGER-TOBLER, ISO
 STREET ADDRESS 7800 W OAKLAND PK BLVD
 CITY-ST-ZIP SUNRISE FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME VP LAPIERRE, REJEAN
 STREET ADDRESS 7800 W OAKLAND PK BV
 CITY-ST-ZIP SUNRISE FL

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME S HELBING, JOSEF
 STREET ADDRESS 7800 W OAKLAND PK BLVD
 CITY-ST-ZIP SUNRISE FL

6.1 TITLE President Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HELBLING JOSEF

4/11/99

Daytime Phone #

CR2E034 (11/98)