

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P39808 (1)

1. Corporation Name
KRUPP USA, INC.



Principal Place of Business 180 INTERSTATE NORTH ATLANTA GA 30339	Mailing Address 180 INTERSTATE NORTH ATLANTA GA 30339-2102
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/22/1992	3a. Date of Last Report 03/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 22-2393554	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 **FL** 85. Zip Code

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 reinstating.) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GETTY, WILLIAM P.	
STREET ADDRESS	1370 WASHINGTON PIKE	
CITY-ST-ZIP	BRIDGEVILLE PA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRITZ, DANIEL R.	
STREET ADDRESS	180 INTERSTATE N.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	PENNINGER, ANDREAS	
STREET ADDRESS	180 INTERSTATE N.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WALD, BERNHARD	
STREET ADDRESS	40 WALL ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	VOGELEY, JAMES H.	
STREET ADDRESS	180 INTERSTATE N.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONAS, BERND	
STREET ADDRESS	ALTENDORFER STRASSE 103	
CITY-ST-ZIP	4300 ESSEN 1,GERMANY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT WEINHOFFER	
1.3 STREET ADDRESS	1370 WASHINGTON PIKE	
1.4 CITY-ST-ZIP	BRIDGEVILLE, PA	
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: *J. Vogele* **JAMES H. VOGLEY** 4/22/97 770-955-3660

CR2E034 (9/96)