

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000064488 (7)**

1. Corporation Name
BAVARIAN INVESTMENT, INC.



Principal Place of Business: %EURO-AMERICAN CONSULTING, 3401 TAMiami TRAIL NORTH STE 207, NAPLES FL 33940, US
Mailing Address: %EURO-AMERICAN CONSULTING, 3401 TAMiami TRAIL NORTH STE 207, NAPLES FL 33940, US

3. Date Incorporated or Qualified: **08/29/1994**
3a. Date of Last Report: **03/02/1995**
4. FEI Number: **65-0523996**
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. 400 Fifth Avenue S., Suite, Apt. #, etc. # 300, City & State: Naples, Zip: FL 33940, Country: US
2a. Mailing Address: 26. 400 Fifth Avenue S., Suite, Apt. #, etc. # 300, City & State: Naples, Zip: FL 33940, Country: US

9. Name and Address of Current Registered Agent

GUDRUN M. NICKEL, P.A.
350 5TH AVE. SOUTH
#200
NAPLES FL 33940

10. Name and Address of New Registered Agent

81. Name: **JAMES AMBURN**
82. Street Address: **5121 CASTELLO DR.**
83. **Suite #2**
84. City: **Naples**, State: **FL**, Zip Code: **33940**

11. Pursuant to the provisions of Sections 607.0002 and 607.1506, 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 607.0005, Florida Statutes.

SIGNATURE: *[Signature]* **Rainer N. Filtbank, Vice President** DATE: **1/17/96**

12. OFFICERS AND DIRECTORS

1. TITLE	PSTD	<input type="checkbox"/> DELETE
2. NAME	GROSSMAN, RUDOLF	
3. STREET ADDRESS	776 ORCHID COURT	
4. CITY-STATE-ZIP	MARCO ISLAND FL 33937	
5. TITLE	Vice-President, Director	<input type="checkbox"/> DELETE
6. NAME	Doris Roman	
7. STREET ADDRESS	Josi Sandpiper Cir.	
8. CITY-STATE-ZIP	Naples, FL 33962	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 officer 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 in an attachment with an address.

SIGNATURE: *[Signature]*
SECRETARY AND TREASURER OR REGISTERED AGENT OR OFFICER OR DIRECTOR

CR2E034 (12/95)