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FILED

**Feb 20 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000064488 (7)
1. Corporation Name
BAVARIAN INVESTMENT, INC.



Principal Place of Business: **C/O EURO-AMERICAN CONSULTING, INC. 4001 TAMiami TRAIL, N., #265 NAPLES FL 34103 US**

Mailing Address: **400 FIFTH AVENUE S. #300 NAPLES FL 34102-6550 US**

3. Date Incorporated or Qualified: **08/29/1994**
3a. Date of Last Report: **02/14/1996**

2. Principal Place of Business

21. Suite, Apt. #, etc.: **Suite 265**

22. City & State: **Naples, FL**

23. Zip: **34103**

24. Country: **US**

4. FEI Number: **65-0523996**
Applied For: 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

9. Name and Address of Current Registered Agent
**AMBURN, JAMES
5121 CASTELLO DR.
#2
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81. Name: **Euro-American Consulting, Inc.**

82. Street Address (P.O. Box Number is Not Acceptable): **4001 Tamiami Trail North**

83. Suite: **Suite 265**

84. City: **Naples** FL 85. Zip Code: **34103**

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:  **Rainer N. Filthaut, President** DATE: **2/14/97**

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	GROSSMAN, RUDOLF	
STREET ADDRESS	778 ORCHID COURT	
CITY - ST - ZIP	MARCO ISLAND FL 33937	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	NOMAN, DORIS	
STREET ADDRESS	3051 SANDPIPER CIRCLE	
CITY - ST - ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Roman, Doris
2.3 STREET ADDRESS	2281 Clipper Way
2.4 CITY - ST - ZIP	Naples, FL 34104
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:  DATE: **2/14/97** (941) 643-1131

CR2E034 (9/96)