

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000055351 (7)**

1. Corporation Name  
**K & P INVESTMENT, INC.**



Principal Place of Business: **C/O EURO-AMERICAN CONSULTING, INC. 400 FIFTH AVENUE SOUTH, SUITE 300 NAPLES FL 33940**  
Mailing Address: **C/O EURO-AMERICAN CONSULTING, INC. 400 FIFTH AVENUE SOUTH, SUITE 300 NAPLES FL 33940**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/17/1995</b>	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0607183</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
<b><del>GUDRUN MARIA NICKEL, P.A.</del> 350 FIFTH AVENUE SOUTH, #200 NAPLES FL 33940</b>		81 Name	<b>-RAINER FILTHAUT</b>		
		82 Street Address (P.O. Box number is not acceptable)	<b>400 Fifth Ave. South, #300</b>		
		83	<b>C/O Euro American Fin. Services</b>		
		84 City	<b>Naples</b>	85 State	<b>FL</b>
				86 Zip Code	<b>33940</b>

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]* **Rainer N. Filthaut, Vice President** DATE: **1/16/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAUMGARTNER, PETER</b>	1.2 NAME	
STREET ADDRESS	<b>LINDENSTRASSE 13</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>D-85649 HOFOLDING GERMANY OC</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>VSD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VON DE HOFF, KLAUS</b>	2.2 NAME	
STREET ADDRESS	<b>PERKHOFSTRASSE 6</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>D-80686 MUNICH GERMANY</b>	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

**400001765554**  
**-04/02/96--01007--029**  
**\*\*\*200.00**

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)(k), 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: *[Signature]* **Director** DATE: **2/25/96** TELEPHONE: **(541) 435 0247**

CR2E034 (12/95)