

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000066757 (2)**

1. Corporation Name

BERNDT INVESTMENT, INC.



Principal Place of Business

Mailing Address

~~400 FIFTH AVENUE SOUTH, SUITE 300
C/O INTERNATIONAL REALTY CONSULTANTS, INC.
NAPLES FL 33940~~

~~400 FIFTH AVENUE SOUTH, SUITE 300
C/O INTERNATIONAL REALTY CONSULTANTS, INC.
NAPLES FL 33940~~

3. Date Incorporated or Qualified 08/28/1995	3a. Date of Last Report
4. FEI Number 105-0623526	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 555 5TH Ave S	26 555 5TH Ave S.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State NAPLES FL	28 City & State NAPLES, FL
24 Zip 33940	29 Zip 33940
25 Country	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~FILTHAUT, RAINER N
400 FIFTH AVENUE SOUTH, SUITE 300
C/O INTERNATIONAL REALTY CONSULTANTS, INC.
NAPLES FL 33940~~

81 Name JAMES AMBUEN
82 Street Address (P.O. Box Number is Not Acceptable) 5121 CASTELLO #2
83
84 City NAPLES
85 State FL
86 Zip Code 33940

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 **JAMES AMBUEN** (Signature typed or printed name of registered agent and title if applicable) (NOTE: If signature is typed, signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BERNDT, MARTHA	12 NAME	BERNDT, MARTHA
STREET ADDRESS	HOHENWEG 55C	13 STREET ADDRESS	5735 WHITAKER RD.
CITY-ST-ZIP	D-66133 SAARBRUCKEN, GERMANY	14 CITY-ST-ZIP	NAPLES, FL 33962
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BERNDT, GERD	22 NAME	VICE-PRESIDENT
STREET ADDRESS	HOHENWEG 55C	23 STREET ADDRESS	BERNDT, GERD
CITY-ST-ZIP	D-66133 SAARBRUCKEN, GERMANY	24 CITY-ST-ZIP	5735 WHITAKER RD.
TITLE	<input type="checkbox"/> DELETE	25 CITY-ST-ZIP	NAPLES, FL 33962
NAME	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	32 NAME	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	33 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	34 CITY-ST-ZIP	
NAME	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	42 NAME	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	43 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	44 CITY-ST-ZIP	
NAME	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	52 NAME	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	53 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	54 CITY-ST-ZIP	
NAME	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	62 NAME	100001893921
CITY-ST-ZIP	<input type="checkbox"/> DELETE	63 STREET ADDRESS	-07/16/96--01014--042
		64 CITY-ST-ZIP	***225.00

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 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **GERD BERNDT** (Signature typed or printed name of signing officer or director) DATE: **06.18.96** DAYTIME PHONE: **941-263 2243**

CR2E034 (3/96)