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Apr 23 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 # P96000038297 (3)
1. Corporation Name
K&L HECHT INC. GERMAN-AMERICAN HEALTHCARE SYSTEM
S



Principal Place of Business: 723 BENTLY STREET EAST LEHIGH FL 33936
Mailing Address: 723 BENTLY STREET EAST LEHIGH FL 33936-9789

3. Date Incorporated or Qualified: 04/29/1996
3a. Date of Last Report

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
21 Suite/Apt. #, etc.
22 City & State
23 Zip
24 Country

4. FEI Number (29-30)
Applied For (checkbox)
5. Certificate of Status Desired (checkbox) \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution (checkbox) \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes (checkbox Yes, checked No)

9. Name and Address of Current Registered Agent
SINKOVITS, ANGELA
302 LEE BOULEVARD #105
LEHIGH FL 33936

10. Name and Address of New Registered Agent
81 Name: JOHANN PFUNER
82 Street Address (P.O. Box Number is Not Acceptable): 613 L'HOMMEDIEU STREET
83
84 City: LEHIGH ACRES FL 85 Zip Code: 33936

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: *Johann Pfuner* JOHANN PFUNER DATE: 4/16/97

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	HECHT, KUNIGUNDE	
STREET ADDRESS	723 BENTLY STREET EAST	
CITY - ST - ZIP	LEHIGH FL 33936	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HECHT, LUDWIG DR	
STREET ADDRESS	723 BENTLY STREET EAST	
CITY - ST - ZIP	LEHIGH FL 33936	
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 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: *Johann Pfuner* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 4/16/97 DAYTIME PHONE #: 941 369 8389

CR2E034 (9/96)