

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 98 DEC -9 PM 1:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *P96000038297*
 1. Corporation Name
K&L HECHT INC. GERMAN-AMERICAN HEALTHCARE SYSTEMS

Principal Place of Business	Mailing Address
723 BENTLY STREET EAST LEHIGH, FL 33936	723 BENTLY STREET EAST LEHIGH, FL 33936

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/29/1996	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 owes or has paid the current year intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PS	HECHT, KUNIGUNDE <input type="checkbox"/> DELETE
NAME	723 BENTLY STREET EAST
STREET ADDRESS	LEHIGH, FLORIDA 33936
CITY-ST-ZIP	
TITLE VD	HECHT, LUDWIG DR <input type="checkbox"/> DELETE
NAME	723 BENTLY STREET EAST
STREET ADDRESS	LEHIGH, FLORIDA 33936
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	
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	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 ***150.00 ***130.00

14. I 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: *Kecht Kunigunde* Date: *24 NOV. 1998* Daytime Phone #: *850-1118*

CR2E034 (5/98)

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TRI-COUNTY ACCOUNTING & TAX SERVICE, INC.



1953 Colonial Blvd. Ft. Myers, FL 33907 t
Office (941) 275-0234
Fax (941)275-4553

November 23, 1998

RE: **K & L Hecht, Inc. German American Health Care Systems**
P96000038297

To Whom It May Concern:

Please find enclosed an Annual Report for the Year 1998. Also please find attached a check in the amount of \$150.00.

The above referenced name did not receive at any time, any forms requesting annual payment of fees. No Annual report was received

Sincerely;

Shelly A Derouen
President, Accountant