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Apr 23, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000017351

1. Corporation Name
GERMAN CONSULT CORPORATION

Principal Place of Business
 6875 WILLOWWOOD DR. #2081
 BOCA RATON FL 33434

Mailing Address
 6875 WILLOWWOOD DR. #2081
 BOCA RATON FL 33434



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/20/1998

4. FEI Number
65-0835772

5. Certificate of Status Desired Applied For
 Not Applicable **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

7. Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25. 29. 30.

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

9. Name and Address of Current Registered Agent

BROCKMANN, FRIEDRICH W
902 S.W. 20TH COURT
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name **BROCKMANN, FRIEDRICH W.**

82 Street Address (P.O. Box Number is Not Acceptable)
6725 STOCKADE RD.

83

84 City **WEST PALM BEACH, FL** 85 Zip Code **33413**

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]* Secretary **02/11/99**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD BOCHNIG, NICOLE**

STREET ADDRESS **6875 WILLOWWOOD DR., #2081**

CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE DELETE

NAME **VPTD LINDEN, PATRICK W**

STREET ADDRESS **6875 WILLOWWOOD DR., #2081**

CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE DELETE

NAME **S BROCKMANN, FRIEDRICH W**

STREET ADDRESS **6875 WILLOWWOOD DR., #2081**

CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE DELETE

NAME **AVP KATZ, BETTY**

STREET ADDRESS **6875 WILLOWWOOD DR., #2081**

CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE DELETE

NAME **D LINDEN, UTE**

STREET ADDRESS **6875 WILLOWWOOD DR., #2081**

CITY-ST-ZIP **BOCA RATON FL 33434**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *[Signature]* **FRIEDRICH W. BROCKMANN, S** **02/11/99** (561) 432-8866
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)