

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 550564 (9)

1. Corporation Name
HANSEATIC AGENCIES, INC.

Principal Place of Business 505 E. TWIGGS ST. STE. 506 TAMPA FL 33602-3824 US	Mailing Address 505 E. TWIGGS ST. STE. 506 TAMPA FL 33602-3824 US
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2. Principal Place of Business 21 212 S. MAGNOLIA AVE Suite, Apt. #, etc. 22 City & State 23 TAMPA, FL. Zip 24 33606 Country 25 U.S.A.	2a. Mailing Address 26 P.O. Box 25534 Suite, Apt. #, etc. 27 City & State 28 TAMPA, FL. Zip 29 33622-5534 Country 30 U.S.A.
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3. Date Incorporated or Qualified 11/02/1977	3a. Date of Last Report 05/10/1996
4. FEI Number 59-1772165	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SHOBE, DAVID C.
501 E KENNEDY BLVD
SUITE 1700
TAMPA FL 33602

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

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	P <input type="checkbox"/> DELETE
NAME	WESELOH, HEINZ
STREET ADDRESS	505 EAST TWIGGS STREET, STE 201
CITY - ST - ZIP	TAMPA FL 24
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	HEINZ-WERNER WESELOH
STREET ADDRESS	505 EAST TWIGGS ST., STE 201
CITY - ST - ZIP	TAMPA FL
TITLE	ST <input checked="" type="checkbox"/> DELETE
NAME	HEINZ-WERNER, WESELOH
STREET ADDRESS	505 EAST TWIGGS ST., STE. 201
CITY - ST - ZIP	TAMPA FL 33602
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	212 S. MAGNOLIA AVE
1.4 CITY - ST - ZIP	TAMPA, FL. 33606
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 checked="" type="checkbox"/> Addition
4.2 NAME	V/S/T
4.3 STREET ADDRESS	DENZIL FERNANDES
4.4 CITY - ST - ZIP	212 S. MAGNOLIA AVE
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: **Denzil Fernandes (DENZIL FERNANDES)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/97 **(813) 877-6434 x102**
Date Daytime Phone #

CR2E034 (9/96)