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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # (4)568825

GERMAN AMERICAN TRADING COMPANY, INCORPORATED.

FILED Mar 11 1998 8:00am Secretary of State



GERMAN AMERICAN TRADING CO., INC. 5008 W. Linebaugh Ave. Suite 36 Tampa, FL 33624		GERMAN AMERICAN TRADING CO., INC. 5008 W. Linebaugh Ave. Suite 36 Tampa, FL 33624		., INC. 36	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/18/1978	
2. Principal P	laco of Business	2a. Mailing Address			4, FEI Number Applied Fo	
21		26			59-2331515 Not Applic	
Suite, Apt #, etc.		Suile, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zıp	Country	1	8. This corporation owes or has paid the current year Intangible	
24	25	29 30			Personal Property Tax due June 30. Yes No	
	g. Name and Address of Currer	nt Registered Agent	81	Nome	10. Name and Address of New Registered Agent	
	obe, david C., ESQ.		81	Name		
	i e. Kennedy Blvd. 17th Flo	OOR	82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
TAI	MPA FL 33602		00			
			83			
			84	City	85 Zip Code	
		0		l	orporation submits this statement for the purpose of changing its register tration's board of directors. I hereby occent the appointment as register	
SIGNATURE		1	Statute	S .		
	Signature appearancement registered a		ared Ag 13.	ent signature red	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE	PVS		1.1 TOLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	NEIDHARDT, BERTHOLD		1.2 NAME			
STREET ADDRESS	P.O. BOX 17789 N/A			ADDRESS		
CITY-ST-ZIP	TAMPA FL 33682-7789		1.4 CITY-5			
TITLE	TD		2.1 TITLE	51-21	Change Ad	
NAME	NEIDHARDT, BERTHOLD		2.2 NAME			
STREET ADDRESS	P.O. BOX 17789 N/A			T ADDRESS		
CITY-ST-ZIP	TAMPA FL 33682-7789		2. 4 CITY-			
TITLE	TOWN FITE GOODE 1700		3.1 TITLE	J. L.	Change Ad	
NAME			3 2 NAME		·	
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			3 4. CITY-			
TITLE			4.1 TITLE		Change Ad	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY - 9			
TITLE			5.1 TITLE		Change Ad	
NAME		I.	5.2 NAME		•	
STREET ADDRESS		Ī	5.3 STREE	T ADDRESS		
CITY-SI-ZIP		The state of the s	5.4 CITY -:			
7/7/5		DOLLA	D. 4. TITLE		Channa	

es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. Thereby certify that the information supplied with this filin indicated on this annual report in supplemental annual reflicter or director of the corporation or the refleiver or true.

NAME STREET ADDRESS CITY-ST-ZIP

3-5-98

813-961-3243