

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **838841** (5)

1. Corporation Name
HAMBURGER INTERNATIONALE RUCKVERSICHERUNG AKTIEN GESELLSCHAFT CORP.



Principal Place of Business: **3751 MAGUIRE BOULEVARD SUITE 151 ORLANDO FL 32803**
Mailing Address: **3751 MAGUIRE BOULEVARD SUITE 151 ORLANDO FL 32803**

3. Date Incorporated or Qualified: **07/27/1977**
3a. Date of Last Report: **06/14/1995**
4. FEI Number: **59-1753535**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
City & State (22, 27)
Zip (23, 28)
Country (24, 29)

9. Name and Address of Current Registered Agent
**EVANS, SHERMAN A
3751 MAGUIRE BLVD
STE 151
ORLANDO FL 32803**

10. Name and Address of New Registered Agent
81 Name: **Anita Lee Tower**
82 Street Address (P.O. Box Number is Not Acceptable): **Same**
83 City: **FL**
84 City: **FL**
85 Zip Code: **32803**

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: *Anita Lee Tower* **Anita Lee Tower, Office Manager** DATE: **4/30/96**

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	HUTCHINSON, KENNETH A	
STREET ADDRESS	3751 MAGUIRE BLVD #151	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WALTHER, PAUL	
STREET ADDRESS	3751 MAGUIRE BLVD #151	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EILERS, WOLFGANG	
STREET ADDRESS	STECKELHOERN 5	
CITY-ST-ZIP	HAMBURG, GERMANY	
TITLE	C	<input type="checkbox"/> DELETE
NAME	SOLL, REINER	
STREET ADDRESS	STECKELHOERN 5	
CITY-ST-ZIP	HAMBURG, GERMANY	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, SHERMAN A	
STREET ADDRESS	3751 MAGUIRE BLVD., #151	
CITY-ST-ZIP	ORLANDO FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Sachsenfeld 4
3.4 CITY-ST-ZIP	0-20097 Hamburg, Germany
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Sachsenfeld 4
4.4 CITY-ST-ZIP	0-20097 Hamburg, Germany
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Paul Walther* **Paul Walther, President** DATE: **4/30/96** DAYTIME PHONE: **407-895-0288**

CR2E034 (12/95)