

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


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Feb 18, 1999 8:00am  
Secretary of State

02-18-1999 90087 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 838841</b>			
1. Corporation Name <b>HAMBURGER INTERNATIONALE RUCKVERSICHERUNG AKTIEN GESELLSCHAFT CORP.</b>			
Principal Place of Business <b>3751 MAGUIRE BOULEVARD SUITE 151 ORLANDO FL 32803</b>		Mailing Address <b>3751 MAGUIRE BOULEVARD SUITE 151 ORLANDO FL 32803</b>	
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	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>TOWNER, ANITA L 3751 MAGUIRE BLVD STE 151 ORLANDO FL 32803</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	
NAME	HUTCHINSON, KENNETH A	1.2 NAME	
STREET ADDRESS	3751 MAGUIRE BLVD #151	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	EILERS, WOLFGANG	2.2 NAME	
STREET ADDRESS	HALSTENBEKERWEG 96A	2.3 STREET ADDRESS	
CITY-ST-ZIP	D-25462 RELINGEN GE	2.4 CITY-ST-ZIP	
TITLE	C	3.1 TITLE	
NAME	SOLL, REINER	3.2 NAME	
STREET ADDRESS	HALSTENBEKER WEG96A	3.3 STREET ADDRESS	
CITY-ST-ZIP	D25462 RELINGEN GE	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*Kenneth A. Hutchinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99  
Date

407-991-0288  
Daytime Phone #

CR2E034 (11/98)