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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 842401

(2)

K & R PRECISION INSTRUMENTS GMBH, INC.

Principal Place of Business Mailing Address					- 1 100191 JOHA DIEN BERKE BERKE OFFEN INDE	OURN BLOK CIEN BIRN OURN	
1933 PREMIER ORLANDO FL 3		1933 PREMIER ROW ORLANDO FL 32809-6205					
					3. Date Incorporated or Qualified 01/18/1979	3a. Date of Last F 03/18/1996	Report
2. Principal Fi	lace of Business	2a. Mailing Address			4. FEI Number		pplied For
21		26			59-1779077		ot Applicable
<u></u>		Suite, Apt. #, etc.	27		5. Certificate of Status Desired		Additional equired
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Z(p	Country Zip 29 30		Countr 30	8. This corporation has liability for intangible tax under s. 199 Florida Statutes Yes No		. 199.032,	
<u> </u>	9. Name and Address of Current				10. Name and Address of New Re	gistered Agent	
RUE	HLEMANN,AXEL		81	Name			
1933 PREMIER ROW ORLANDO FL 32809			82	Street Add	ress (P.O. Box Number is Not Acceptate	ole)	
	MINO I C GEORG		63				
			84	City		85 Zip	Code
				Oity		FL FL	0000
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was	authorized b	v the corpora	poration submits this statement for the p tion's board of directors. I hereby acception	ourpose of changing in pt the appointment as	ts registered registered
SIGNATURE							
	Signature typed or profind name of registered ager OFFICERS AND			ent signature requi	ired when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE	DC 161 12
Title	PSTD OFFICERS AND	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	RUEHLEMANN, AXEL		1.2 NAME				
STREET ADDRESS 1933 PREMIER ROW			1.3 STREET ADDRESS				
COY-S1-ZIP	ORLANDO FL 32809		1.4 CITY-ST-ZIP				
TITLE	D DELETE		2.1 TITLE			☐ Change	Addition
NAME	RUEHLEMAN, GERHARD		2 2 NAME				
STREET ADDRESS	ERLANGERSTRASSE 14			T ADDRESS			į
CITY-ST-ZIP	UTTENREUTH 91080	DELETE	2. 4 CITY-	ST-ZIP		Change	Addition
TITLE NAME			3.1 TITLE 3.2 NAME			Emil Origings	C) Addition
STREET ADDRESS			I	T ADDRESS			
CITY - SI - ZIP			3.4 CITY-				
TITLE		DELETE	4.1 TITLE	.=		☐ Change	Addition
NAM*			4. 2 NAME	: [
STREET ADOPESS			4.3 STREE	T ADDRESS			
CHY-\$1-ZIP			4.4 CITY-	ST-ZIP			-
Tifle		☐ DELETE	5 1 TITLE			Change	Addition
NAME I			5.2 NAME				
STREET ADDRESS				T ADDRESS			İ
C "Y - \$1 - Z "		DELETE	5.4 CHY-	ST-ZIP		Change	Addition
TIFLE NAME		FT DECENT	61 TITLE 62 NAME		•	□ change	HOUMON LILL
				T ADDRESS			
STREET ADDRESS			6321HFF	I KUUROS			

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 supplied that the information indicated on this annual report or supplied that the information indicated on this annual report or supplied that the information indicated on this annual report or supplied that the indicated on the same legal effect as if made under oath; that I am an officer or director of the corporation print of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplied with the information indicated on this annual report of the corporation print of the corporation print of the corporation print of the corporation of the corpo

SIGNATURE:

Lam an officer or director of the appears in Block 12 or Block 1

FILED

Apr 02 1997 8:00am

Secretary of State