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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F89723

(3)

1. Corporation Name
ENGEL ELECTROMOTORS, INC.



Principal Place of Business
% C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

Mailing Address
% C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324-4413

3. Date Incorporated or Qualified
07/07/1982

3a. Date of Last Report
02/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
58-1581229

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME MANOWN, PETER
STREET ADDRESS 4739 OLDE VILLAGE LANE
CITY- ST- ZIP DUNWOODY GA ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE PD
NAME ENGEL, FRED
STREET ADDRESS D 6200 WIESBADEN SCHIERS
CITY- ST- ZIP FED REPUBLIC, GER 00000 ☐ DELETE

2.1 TITLE PD
2.2 NAME ENGEL, FRED
2.3 STREET ADDRESS IN DER REHBACH 22
2.4 CITY- ST- ZIP D-65396 WALLUF/GERMANY ☒ Change ☐ Addition

TITLE V
NAME PREUSSER, ORTWIN
STREET ADDRESS D 6200 WIESBADEN SCHIERS
CITY- ST- ZIP FED REPUBLIC, GER 00000 ☐ DELETE

3.1 TITLE V
3.2 NAME PREUSSER, ORTWIN
3.3 STREET ADDRESS IN DER REHBACH 22
3.4 CITY- ST- ZIP D-65396 WALLUF/GERMANY ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Engel FRED

Date

Daytime Phone #

CR2E034 (9/96)