

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000000311 (1)**

1. Corporation Name

**BAUER OF AMERICA CORPORATION**



Principal Place of Business

Mailing Address

12290 US HIGHWAY 19 NORTH  
CLEARWATER FL 34624

12290 US HIGHWAY 19 NORTH  
CLEARWATER FL 34624

2. Principal Place of Business

2a. Mailing Address

21 Subst. Apt. #, etc.

26 Subst. Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified  
**01/25/1993**

3a. Date of Last Report  
**09/26/1995**

4. FEI Number  
**98-0064740**

Applied For  
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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 of person submitting this report (Signature of the Agent is required)

(If FEI Numbered Agent signature is required, where required)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BAUER, THOMAS</b>	
STREET ADDRESS	<b>WITTELSBACHERSTR 5</b>	
CITY, ST, ZIP	<b>SCHROBENHAUSEN, GERMANY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TESCHEMACHER, PETER</b>	
STREET ADDRESS	<b>WITTELSBACHERSTR 5</b>	
CITY, ST, ZIP	<b>SCHROBENHAUSEN, GERMANY</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHELLER, PAUL</b>	
STREET ADDRESS	<b>WITTELSBACHERSTR 5</b>	
CITY, ST, ZIP	<b>SCHROBENHAUSEN GERMANY</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>PUCCINI, CHARLES</b>	
STREET ADDRESS	<b>12290 US HIGHWAY 19 NORTH</b>	
CITY, ST, ZIP	<b>CLEARWATER FL 34624</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PAGANO, MICHAEL</b>	
STREET ADDRESS	<b>12290 US HIGHWAY 19 NORTH</b>	
CITY, ST, ZIP	<b>CLEARWATER FL 34624</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>VP</b>
63 STREET ADDRESS	<b>Beate Pache</b>
64 CITY, ST, ZIP	<b>12290 US Highway 19 North Clearwater, FL 34624</b>

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: Charles Puccini  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 19, 1996 813-536-4748  
Date Date/Time #

CR2E034 (12/95)