

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000003644 (2)**

1. Corporation Name
BAVARIA HOUSE CORP.



Principal Place of Business: **1121 SOUTH FRONT ST. WILMINGOTN NC 28401 US**
Mailing Address: **P.O. BOX 26 WILMINGTON NC 28402**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26	1121 S. Front St.	08/09/1993	03/20/1995
22. Suite, Apt #, etc. Wilmington, NC		27. Suite, Apt #, etc. Wilmington, NC		4. FEI Number	Applied For
23. City & State		28. City & State		56-1764176	Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28401	USA	28401	USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ST. JOHN'S BEVERAGE CO. 31 MCMILLAN ST. ST. AUGUSTINE FL 32095				81. Name	Edelweiss Imports Inc.		
				82. Street Address (P.O. Box Number is Not Acceptable)	975 S. Congress Ave.		
				83. Bay #	Bay # 110		
				84. City	DelRay Beach	85. Zip Code	FL 33445

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: **Robert Egold - Pres.** DATE: **6/17/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		11. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FOERG, LOTHAR			12. NAME			
STREET ADDRESS	1121 S. FRONT STREET			13. STREET ADDRESS			
CITY-ST-ZIP	WILMINGTON NC 28401			14. CITY-ST-ZIP			
TITLE	DVPS	<input type="checkbox"/> DELETE		21. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RITTER, GERHARD			22. NAME			
STREET ADDRESS	1121 S. FRONT STREET			23. STREET ADDRESS			
CITY-ST-ZIP	WILMINGTON NC 28401			24. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		31. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				32. NAME			
STREET ADDRESS				33. STREET ADDRESS			
CITY-ST-ZIP				34. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				42. NAME			
STREET ADDRESS				43. STREET ADDRESS			
CITY-ST-ZIP				44. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				52. NAME			
STREET ADDRESS				53. STREET ADDRESS			
CITY-ST-ZIP				54. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS			
CITY-ST-ZIP				64. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: **Gerhard Ritter**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **6/17/96** TELEPHONE: **910-251-0998**

CR2E034 (3/96)