

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

FILED
Jan 28 1997 8:00am
Secretary of State

DOCUMENT # F95000003114 (4)

1. Corporation Name

AMDEL LIMITED CORPORATION

Principal Place of Business

PO BOX 338
TORRENSVILLE, AUSTRALIA 5031

Mailing Address

PO BOX 338
TORRENSVILLE, AUSTRALIA 5031



3. Date Incorporated or Qualified

06/27/1995

3a. Date of Last Report

02/07/1996

4. FEI Number

☒ 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

CARPCO, INC.
4120 HAINES ST
SUITE 101
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME UHRIG, JOHN A
STREET ADDRESS 3 PHILLIP AVE
CITY - ST - ZIP LEABROOK, AUSTRALIA 5068

TITLE D ☐ DELETE

NAME CARRICK, DAVID C
STREET ADDRESS 1353 OLD NORTHERN RD
CITY - ST - ZIP GLENORIE, AUSTRALIA 2157

TITLE D ☐ DELETE

NAME MAY, RICHARD J
STREET ADDRESS 44 VICTORIA AVE, MACLEOD
CITY - ST - ZIP VICTORIA, AUSTRALIA 3085

TITLE D ☐ DELETE

NAME GERLACY, STEPHEN
STREET ADDRESS 28 BRIGALOW AVE
CITY - ST - ZIP KENSINGTON GARDENS AUSTRALIA

TITLE MD ☐ DELETE

NAME DOUGHERTY, RAYMOND F
STREET ADDRESS 12 SEAFIELD AVE
CITY - ST - ZIP KINGSWOOD, AUSTRALIA 5062

TITLE S ☐ DELETE

NAME POWELL, ANDREW W
STREET ADDRESS HUNNY HUMM FARM
CITY - ST - ZIP KANGARILLA, AUSTRALIA 5157

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME HEARD, MICHAEL KENNETH
1.3 STREET ADDRESS 27 ASHBORNE AVENUE
1.4 CITY - ST - ZIP KINGSWOOD, SOUTH AUSTRALIA 5062

2.1 TITLE S (JOINT SECRETARY) ☐ Change ☒ Addition

2.2 NAME BEISIEGEL, DIETER
2.3 STREET ADDRESS 30 KING ST
2.4 CITY - ST - ZIP STOCKWELL, SOUTH AUSTRALIA 5355

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

DIETER BEISIEGEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97 AUSTRALIA (08)84165200
Date Daytime Phone #

CR2E034 (9/96)