


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

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Mar 18 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 # F95000005344 (5) 1. Corporation Name HEBEL HOUSE MANAGEMENT CORPORATION			
Principal Place of Business 4400 HWY 20 EAST SUITE 209 NICEVILLE FL 32578		Mailing Address 4400 HWY 20 EAST SUITE 209 NICEVILLE FL 32578-8779	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	
3. Date Incorporated or Qualified 11/01/1995		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-1378637		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SCHONFELD, BURGHARD 4400 HIGHWAY 20 EAST, SUITE 209 NICEVILLE FL 32578		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 (NOTE: Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12. OFFICERS AND DIRECTORS TITLE PT NAME SCHONFELD, BURGHARD STREET ADDRESS 4400 HIGHWAY 20 EAST, SUITE 209 CITY-STATE-ZIP NICEVILLE FL 32578 TITLE V NAME SUTTON, WILLIAM STREET ADDRESS 4400 HIGHWAY 20 EAST, SUITE 209 CITY-STATE-ZIP NICEVILLE FL 32578 TITLE S NAME KRAUS, HANS-MICHAEL STREET ADDRESS 3343 PEACHTREE ROAD NE, STE. 1800 CITY-STATE-ZIP ATLANTA GA 30328 TITLE D NAME KRONE, JOACHIM D STREET ADDRESS WURZERSTR.25, D-53175 BONN CITY-STATE-ZIP GERMANY TITLE D NAME LERCH, GORDON STREET ADDRESS 2305 SIX BRANCHES DRIVE CITY-STATE-ZIP ROSWELL GA 30076 TITLE D NAME ZECH, ERWIN STREET ADDRESS POSTFACH 1353, D-82243 FURSTENFELD BRUCK CITY-STATE-ZIP GERMANY		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William C. Sutton

3/12/97

904-897-2147

Date

Daytime Phone #

0491080

CR2E034 (9/96)