
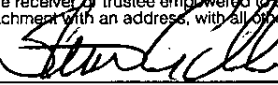


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90118 047 ***150.00

DOCUMENT # F96000005306					
1. Entity Name TAPROGGE AMERICA CORPORATION					
Principal Place of Business 100 CROSSWAYS PARK WEST WOODBURY, NY 11797			Mailing Address 100 CROSSWAYS PARK WEST WOODBURY, NY 11797		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-5667528	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HRAWG CORP. 2000 GLADES RD., #400 BOCA RATON, FL 33431			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROEHLING, RUTHARD		NAME		
STREET ADDRESS	SCHLEIMAMSTR 2-14, D-58300		STREET ADDRESS		
CITY-ST-ZIP	WETTER GERMANY,		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAPROGGE, DETLEF		NAME		
STREET ADDRESS	SCHLEIMAMSTR 2-14, D-58300		STREET ADDRESS		
CITY-ST-ZIP	WETTER GERMANY,		CITY-ST-ZIP		
TITLE	PDC	<input checked="" type="checkbox"/> Delete	TITLE	PDC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDING, PAUL J		NAME	GILLEN, STEVEN	
STREET ADDRESS	100 CROSSWAYS PARK WEST		STREET ADDRESS	100-CROSSWAYS PARK WEST	
CITY-ST-ZIP	WOODBURY, NY 11797		CITY-ST-ZIP	WOODBURY, NY 11797.	
TITLE	VST	<input checked="" type="checkbox"/> Delete	TITLE	VVST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENFFLTEN, ROBERT		NAME	STANKOWIAK, GUNTER	
STREET ADDRESS	100 CROSSWAYS PARK WEST		STREET ADDRESS	100 CROSSWAYS PARK WEST	
CITY-ST-ZIP	WOODBURY, NY 11797		CITY-ST-ZIP	WOODBURY, NY 11797.	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGHT, WOLFGANG		NAME		
STREET ADDRESS	SCHLEIMANSTR 2-14,D-58300		STREET ADDRESS		
CITY-ST-ZIP	WETTER GERMANY,		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		STEVEN GILLEN		7/1/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				516/921-5200	