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Feb 04 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 # F96000005870 (8)

1. Corporation Name  
FUHRMANN GROUP LTD., INC.

Principal Place of Business  
12910 LA ROCHELLE CIRCLE  
PALM BEACH GARDENS FL 33410

Mailing Address  
12910 LA ROCHELLE CIRCLE  
PALM BEACH GARDENS FL 33410-1405



3. Date Incorporated or Qualified 11/08/1996  
3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0688297		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29		30	

9. Name and Address of Current Registered Agent FUHRMANN, NORBERT 12910 LA ROCHELLE CIRCLE PALM BEACH GARDENS FL 33410				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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	President, VP, Secretary, Treasurer
NAME	FUHRMANN, NORBERT	1.2 NAME	
STREET ADDRESS	12910 LA ROCHELLE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	1.4 CITY-ST-ZIP	
TITLE	VTDC	2.1 TITLE	
NAME	KLIER, KEVIN	2.2 NAME	
STREET ADDRESS	572 SW WINDSONG LANE, #317	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34977	2.4 CITY-ST-ZIP	
TITLE	DC	3.1 TITLE	
NAME	FUHRMANN, BRITT	3.2 NAME	
STREET ADDRESS	12910 LA ROCHELLE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-97 501-622-9426

CR2E034 (9/96)