


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

FILED

May 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Meriham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G66212** (3)

1. Corporation Name
LOSCHIM, INC.

Principal Place of Business

~~M.M. 305. US #1~~
~~P.O. BOX 607~~
BIG PINE KEY FL 33043

Mailing Address

M.M. 305. US #1
~~P.O. BOX 607~~
BIG PINE KEY FL 33043



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/25/1983	3a. Date of Last Report 03/21/1996
21 30364 OVERSEAS HIGHWAY	26 P.O. BOX 430907			4. FEI Number 59-2360136	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	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

CUNNINGHAM, RALPH E.
2975 OVERSEAS HIGHWAY
MARATHON FL 33050

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	STD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REASIN, RICHARD	1.2 NAME	
STREET ADDRESS	RT. 3, BOX 207	1.3 STREET ADDRESS	P.O. BOX 430907, 30364 U.S. 1
CITY - ST - ZIP	BIG PINE KEY FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOONTJENS, CARLOS	2.2 NAME	
STREET ADDRESS	B-2700 ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ANTWERPEN, BELGIUM	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORS, JOSE	3.2 NAME	
STREET ADDRESS	B-2700 STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	ANTWERPEN, BELGIUM	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGANN, WILLIAM C.	4.2 NAME	
STREET ADDRESS	630 112TH ST. OCEAN	4.3 STREET ADDRESS	
CITY - ST - ZIP	MARATHON FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 #

4-28-97

CR2E034 (9/96)