

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

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Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G72343** (8)

1. Corporation Name
HANSA MOLD, TOOL & DIE, INC.

Principal Place of Business
**11430 TAMiami TRAIL E
POST PLAZA CTR. 567 ELKCAM CR
NAPLES FL 33962
US**

Mailing Address
**C/O WILLIAM D KRAMER
950 N. COLLIER BLVD SUITE #301
MARCO ISLAND FL 34145-2716
US**



2. Principal Place of Business 21 11430 TAMiami TRAIL E		2a. Mailing Address 26 40 W. D. KRAMER		3. Date Incorporated or Qualified 12/01/1983		3a. Date of Last Report 05/01/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 1838 40TH TERRACE SW		4. FEI Number 59-2340839		Applied For Not Applicable	
City & State 23 NAPLES, FL		City & State 28 NAPLES, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 34113		Country 25		Zip 29 34116		Country 30 US	
9. Name and Address of Current Registered Agent KRAMER, WILLIAM D. 950 N. COLLIER BLVD SUITE #301 MARCO ISLAND FL 33937				10. Name and Address of New Registered Agent			

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 <i>William D. Kramer</i>	WILLIAM D. KRAMER 4/21/97
(NOTE: Registered Agent signature required when reinstating)	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAPENFUSS, HANS	1.2 NAME	
STREET ADDRESS	11430 TAMiami TRAIL EAST	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	1.4 CITY - ST - ZIP	34113
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAPENFUSS, HANS	2.2 NAME	
STREET ADDRESS	11430 TAMiami TRAIL EAST	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	2.4 CITY - ST - ZIP	34113
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAPENFUSS, ERIK	3.2 NAME	
STREET ADDRESS	11430 TAMiami TRAIL EAST	3.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	3.4 CITY - ST - ZIP	34113
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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. **HANS PAPENFUSS**

SIGNATURE: *Hans Papenfuss* PRESIDENT 3-3-97 141-348-0272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)