

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

FILED

May 02 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 # **H03338** (1)

1. Corporation Name
BRUCKNER INTERNATIONAL, INC.

Principal Place of Business 1699 SOUTH HILLOCK TERRACE PO BOX 2949 INVERNESS FL 34452 US	Mailing Address P O BOX 2949 PO BOX 2949 INVERNESS FL 34451-2949 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/14/1984		3a. Date of Last Report 04/29/1996	
21		26		4. FEI Number 59-2437004		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		28		30	
23		29		31		32	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent BRUCKNER, OTTILIE 1690 SOUTH HILLOCK TERRACE INVERNESS FL 32850				10. Name and Address of New Registered Agent			
81 Name				82 Name			
				NECHYBA LUDWIG			
83 Street Address (P.O. Box Number is Not Acceptable)				84 Street Address			
				1699 SOUTH HILLOCK TERRACE			
85 City				86 Zip Code			
INVERNESS				FL 34452			

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 LUDWIG NECHYBA DATE APRIL 24, 1997
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCKNER, OTTILIE	1.2 NAME	INGRID NECHYBA
STREET ADDRESS	1690 S. HILLOCK TERR	1.3 STREET ADDRESS	P.O. BOX 2949 N/A
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP	INVERNESS, FL 34451
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NECHYBA, LUDWIG	2.2 NAME	
STREET ADDRESS	1699 S HILCOCK, TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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.

SIGNATURE LUDWIG NECHYBA DATE APRIL 24, 1997 (352)3441828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/96)