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Mar 20 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 # H07121 (7)			
1. Corporation Name SONDERMANN ENTERPRISES, INC.			
Principal Place of Business 738 TOMOKA DR. PALM HARBOR FL 34683-5843 52 Acacia Str Clearwater, FL 34630		Mailing Address 738 TOMOKA DR. PALM HARBOR FL 34683-5843 52 Acacia Str Clearwater, FL 34630	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	
9. Name and Address of Current Registered Agent SONDERMANN, WILFRIED 738 TOMOKA DRIVE PALM HARBOR FL 34683		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 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 _____ DATE _____ (NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 1.5 CITY - ST - ZIP 1.6 CITY - ST - ZIP 1.7 CITY - ST - ZIP 1.8 CITY - ST - ZIP 1.9 CITY - ST - ZIP 1.10 CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 2.5 CITY - ST - ZIP 2.6 CITY - ST - ZIP 2.7 CITY - ST - ZIP 2.8 CITY - ST - ZIP 2.9 CITY - ST - ZIP 2.10 CITY - ST - ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 _____ DATE 3-16-97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)