

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Teresa B. Meyhan
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY 10 AM 10:25

DOCUMENT # **H33965** (5)

UEBERSEE-HANDELS GESELLSCHAFT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office (Filing Office) Mailing Address
2101 JOHN ANDERSON DR ORMOND BEACH FL 32176 2101 JOHN ANDERSON DR ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 12/13/1984 3a. Date of Last Report 03/18/1994
4. FEI Number 59-2473622 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.02 Florida Statutes Yes No

2. Principal Office (Filing Office) 2a. Mailing Address
21 26
State, Apt. #, etc. State, Apt. #, etc.
22 27
City & State City & State
23 28
City, State, and Zip City, State, and Zip
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPRINGER, CHRISTA
230 SEABREEZE BLVD.
DAYTONA BEACH FL 32018

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 607.02 and 607.03, 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 understand the provisions of Sections 607.02, Florida Statutes.

Signature of Registered Agent: _____ Date: _____
Signature of Agent: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: SPRINGER, CHRISTA 12.2 STREET ADDRESS: 2101 JOHN ANDERSON DR 12.3 CITY AND STATE: ORMOND BEACH FL		13.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Add new	
12.4 NAME:		13.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.5 NAME:		13.3 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.6 NAME:		13.4 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.7 NAME:		13.5 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.8 NAME:		13.6 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.9 NAME:		13.7 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.10 NAME:		13.8 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it qualifies for the exemption stated in Section 199.02(1)(b), Florida Statutes. I further certify that the information included 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. This certificate is filed for 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 of this report or in an attachment with an address.

SIGNATURE: *Christa Springer, President*
SIGNATURE AND TYPE IN PRINTED NAME OF BOARD OFFICER OR DIRECTOR
CHRISTA SPRINGER

5/3/95 904-441-4843
Tallahassee, Florida