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Mar 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

DOCUMENT # **H41407 (8)**
 1. Corporation Name
TANK, INC.



Principal Place of Business Mailing Address
1031 CAPE CORAL PKWY **1031 CAPE CORAL PARKWAY**
6371-4 PRESIDENTIAL COURT **CAPE CORAL FL 33904-9214**
CAPE CORAL FL 33904
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/06/1985	3a. Date of Last Report 06/28/1996
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2489184		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
GRIFFEY, ROGER K. CPA RICCIANI & GRIFFEY, CPA'S 6371-4 PRESIDENTIAL COURT FORT MYERS FL 33919		B1. Name			
		B2. Street Address (P.O. Box Number is Not Acceptable)			
		B3.			
		B4. City	FL	B5. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOEHLER, FRANZ	1.2 NAME	
STREET ADDRESS	AHORN STRASSE 7 8752	1.3 STREET ADDRESS	
CITY- ST- ZIP	HOESBACH, W. GERMANY	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOEHLER, ELEANORE	2.2 NAME	
STREET ADDRESS	AHORN STRASSE 7 8752	2.3 STREET ADDRESS	
CITY- ST- ZIP	HOESBACH, W. GERMANY	2.4 CITY- ST- ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NACHBRUNN, FRED	3.2 NAME	
STREET ADDRESS	1031 CAPE CORAL PKWY.	3.3 STREET ADDRESS	
CITY- ST- ZIP	CAPE CORAL FL	3.4 CITY- ST- ZIP	
TITLE		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		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	

4. 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: *Fred C. Nachbrunn* **FRED C. NACHBRUNN** **MARCH 20, 97** **941-542-1174**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)