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PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

H76647

(7)

FILED	
May 15 1998 8:00am	1
Secretary of State	

Principal Place of Business 9025 BUGGY CREEK RD. UNIT 4 ORLANDO FL 32824 US 2. Principal Place of Business Suite, Apt. #, etc. 22 City & State 23 City & State 24 City & State 25 26 27 Country 27 Country 28 Country 29 30 Name and Address of Current Registered Agent SPOON, JAMES M 215 N EDLA DR BARNETT PLAZA, STE. 3700 CITY AND CEL 2000 B3 CITY B Street Address (P.O. Box Number is Not Acceptable)
UNIT 4 ORLANDO FL 32824 US 28. Mailing Address 29. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. City & State 29. City & State 29. Suite Apt. #, etc. 29. City & State 29. Suite Apt. #, etc. 29. Country 20. City & State 29. Suite Apt. #, etc. 29. Country 20. Country 20. Country 20. Country 21. Applied For Not Applicable Status Desired Address of Current Registered Agent 29. Fee Required 20. Fee
UNIT 4 ORLANDO FL 32824 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/13/1985 2. Principal Piace of Business 28. Mailing Address 26. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 21. City & State 28. City & State 29. Suite
US 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Principal Plac
2. Principal Place of Business 2. Mailting Address 2. Principal Place of Business 3. Fell Number 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. Added to Fees 7. This corporation owes or has paid the current year Intangible 7. Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 8. Name 8. Name 8. Name 8. Street Address (P.O. Box Number is Not Acceptable)
2. Principal Place of Business 28. Mailing Address 4. FEI Number 59-2593293 Not Applied For Suite. Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing Fee Required Zip Country 7: Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Tyes No 9. Name and Address of Current Registered Agent 81 Name 215 N EDLA DR BARNETT PLAZA, STE. 3700
21 26 59-2593293 Not Applicable Suite, Apt. #, etc. City & State City & Status Desired Fee Required Fee Requi
Suite, Apt. #, etc. 22 City & State City & State 28 Zip Country 29 Country 29 Country 30 Country 30 Country 40 Spoon, JAMES M 215 N EDLA DR BARNETT PLAZA, STE. 3700 State City & State Country Added to Fees Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees Added to Fees Added to Fees No Name and Address of New Registered Agent Spoon, JAMES M 215 N EDLA DR BARNETT PLAZA, STE. 3700
27 State Fee Required Fee Required Fee Required Fee Required Fee Required
City & State 28 29 Country 29 Country 29 Country 30 Personal Property Tax due June 30. Pres No Personal Property Tax due June 30. Pres No 9. Name and Address of Current Registered Agent SPOON, JAMES M 215 N EDLA DR BARNETT PLAZA, STE. 3700 City & State Country Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Pres No 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)
28 Trust Fund Contribution Added to Fees Zip Country 7:p Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Decrease No. 9. Name and Address of Current Registered Agent SPOON, JAMES M 215 N EDLA DR BARNETT PLAZA, STE. 3700 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Decrease No. 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)
Zip Country 7:p Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. The No. No. 9. Name and Address of Current Registered Agent SPOON, JAMES M 215 N EDLA DR BARNETT PLAZA, STE. 3700
9. Name and Address of Current Registered Agent SPOON, JAMES M 215 N EDLA DR BARNETT PLAZA, STE. 3700 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)
SPOON, JAMES M 215 N EDLA DR BARNETT PLAZA, STE. 3700 81 Name Street Address (P.O. Box Number is Not Acceptable)
215 N EDLA DR BARNETT PLAZA, STE. 3700
BARNETT PLAZA, STE. 3700
ORLANDO FL 32802 83
84 City 85 Zip Code
FL 18 24 5000
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 Signature, typical or pends discourse diregion to a lateral applicable INOY. Registered Agent signature required when reinstating). DATE
12. OF LICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D Change Addition
NAME ECKES, PETER 12 NAME
STREET ADDRESS 6501 NIEDER-OLM, LUDWIG 1.3 STREET ADDRESS
CITY-ST-ZIP ECKES ALLEE, GERMANY 1.4 CITY-ST-ZIP
TITLE D Change Addition
NAME ECKES-CHANTRES, HARALD 22 NAME
STREET ADDRESS 6501 NIEDER-OLM, LUDWIG 23 STREET ADDRESS
CITY-ST-ZIP ECKES ALLEE, GERMANY 2.4 CITY-ST-ZIP
TITLE PD DELETE 31TITLE Change Addition
NAME BROSKA, DIETER 3.2 NAME
STREET ADDRESS 6501 NIEDER-OLM, LUDWIG 3.3 STREET ADDRESS
CITY-ST-ZIP ECKES ALLEE, GERMANY 3.4. CITY-ST-ZIP
TITLE VST DELETE 411ITLE Change Addition
NAME SEEFRIED, FERDINAND C 4 2 NAME
STREET ADDRESS 10 N PKWY SQ 4200 NORTHSIDE PKWY, NW 4.3 STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP ATLANTA GA 4.4 CITY-ST-ZIP
TIFLE DELETE 5.1 TIFLE Change Addition
NAME 52 NAME
STREET ADDRESS 5.3 STREFT ADDRESS
CITY-ST-ZIP
NAME 6.2 NAME
STREET ADDRESS 63 STREET ADDRESS
CITY-S1-ZIP 64 CITY-S1-ZIP 14. Thereby 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 supplient with annual report; is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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 or an abachment with an address.

GNATURE:

SIGNATURE:

APRIL 30K