

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90021 026 ***150.00

DOCUMENT # H76647

1. Entity Name
EW REAL ESTATE CORPORATION

Principal Place of Business 9025 BUGGY CREEK RD. UNIT 4 ORLANDO FL 32824 US	Mailing Address 9025 BUGGY CREEK RD. UNIT 4 ORLANDO FL 32824-7716 US
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2. Principal Place of Business 8100 Chancellor Dr	3. Mailing Address 8100 Chancellor Dr
Suite, Apt. #, etc. Ste 145	Suite, Apt. #, etc. Ste 145
City & State Orlando, FL	City & State Orlando, FL
Zip 32809	Zip 32809



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2593293	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SPOON, JAMES M
 215 N EDLA DR
 BARNETT PLAZA, STE. 3700
 ORLANDO FL 32802**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City, State, Zip Code FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete	NAME ECKES, PETER
STREET ADDRESS 6501 NIEDER-OLM, LUDWIG		CITY-ST-ZIP ECKES ALLEE, GERMANY
TITLE D	<input type="checkbox"/> Delete	NAME ECKES-CHANTRES, HARALD
STREET ADDRESS 6501 NIEDER-OLM, LUDWIG		CITY-ST-ZIP ECKES ALLEE, GERMANY
TITLE PD	<input type="checkbox"/> Delete	NAME BROSKA, DIETER
STREET ADDRESS 6501 NIEDER-OLM, LUDWIG		CITY-ST-ZIP ECKES ALLEE, GERMANY
TITLE VST	<input type="checkbox"/> Delete	NAME SEEFRIED, FERDINAND C
STREET ADDRESS 10 N PKWY SQ 4200 NORTHSIDE PKWY, NW		CITY-ST-ZIP ATLANTA GA

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME VST SEEFRIED, FERDINAND
STREET ADDRESS		CITY-ST-ZIP 1 N PKWY SQ, 4200 Northside Pkwy Ste 300 Atlanta, GA 30327

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ferdinand Seefried* **May 1st 2000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)