


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 23 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **J20017** (6)  
1. Corporation Name  
**GERMAN CONNECTION OF U.S., INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>483 MANDALAY AVENUE<br/>SUITE 210<br/>CLEARWATER FL 34630<br/>US</b> | Mailing Address<br><b>483 MANDALAY AVENUE<br/>SUITE 210<br/>CLEARWATER FL 34630<br/>US</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|  |  |   |  |   |
|--|--|---|--|---|
| 2. Principal Place of Business<br><b>21 30611 US HWY 19 N</b><br>Suite, Apt. #, etc. |  | 2a. Mailing Address<br><b>26 2456 BUSHTAIL CT.</b><br>Suite, Apt. #, etc. |  | 3. Date Incorporated or Qualified<br><b>06/17/1986</b>  |
| 22 City & State<br><b>23 PALM HARBOR</b>   |  | 27 City & State<br><b>28 PALM HARBOR</b>                                  |  | 4. FEI Number<br><b>59-2798978</b><br>Applied For<br><input type="checkbox"/> Not Applicable  |
| 24 <b>34684</b> 25 <b>USA</b>  |  | 29 <b>34683</b> 30 <b>USA</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |
| 23 <b>PALM HARBOR</b>  |  | 28 <b>PALM HARBOR</b>   |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |
| 24 <b>34684</b> 25 <b>USA</b>  |  | 29 <b>34683</b> 30 <b>USA</b>   |  | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

|  |  |   |  |
|--|--|---|--|
| 9. Name and Address of Current Registered Agent<br><b>HOFFMANN, MICHAEL<br/>41 N FT HARRISON AVE<br/>SUITE 224<br/>CLEARWATER FL 34615</b> |  | 10. Name and Address of New Registered Agent<br><b>81 Name<br/>HOFFMANN MICHAEL<br/>82 Street Address (P.O. Box Number is Not Acceptable)<br/>2456 BUSHTAIL CT.<br/>83<br/>84 City<br/>PALM HARBOR FL 85 Zip Code<br/>34683</b> |  |
|--|--|---|--|

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 **MICHAEL HOFFMANN - PRESIDENT -** **2-16-98**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                              |
|----------------------------|-------------------------------------|---|------------------------------|
| TITLE                      | <b>P</b>                            | 1.1 TITLE   | <b>P</b>                     |
| NAME                       | <b>HOFFMAN, MICHAEL</b>             | 1.2 NAME  | <b>HOFFMAN, MICHAEL</b>      |
| STREET ADDRESS             | <b>41 N FT HARRISON AVE</b>         | 1.3 STREET ADDRESS                                    | <b>2456 BUSHTAIL CT</b>      |
| CITY-ST-ZIP                | <b>CLEARWATER FL</b>                | 1.4 CITY-ST-ZIP                                       | <b>PALM HARBOR, FL 34683</b> |
| TITLE                      | <b>V</b>                            | 2.1 TITLE   |                              |
| NAME                       | <b>RICHTER-SCHOLZ, HARALD</b>       | 2.2 NAME  |                              |
| STREET ADDRESS             | <b>483 MANDALAY AVE., SUITE 210</b> | 2.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                | <b>CLEARWATER BEACH FL 34630</b>    | 2.4 CITY-ST-ZIP                                       |                              |
| TITLE                      | <b>V</b>                            | 3.1 TITLE   |                              |
| NAME                       | <b>MEIER, MARCO</b>                 | 3.2 NAME  |                              |
| STREET ADDRESS             | <b>483 MANDALAY AVE, SUITE 210</b>  | 3.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                | <b>CLEARWATER FL 34630</b>          | 3.4 CITY-ST-ZIP                                       |                              |
| TITLE                      |                                     | 4.1 TITLE   |                              |
| NAME                       |                                     | 4.2 NAME  |                              |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       |                              |
| TITLE                      |                                     | 5.1 TITLE   |                              |
| NAME                       |                                     | 5.2 NAME  |                              |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |                              |
| TITLE                      |                                     | 6.1 TITLE   |                              |
| NAME                       |                                     | 6.2 NAME  |                              |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                |                                     | 6.4 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)(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:

**MICHAEL HOFFMANN**

**2-16-98** (013) 282 8505

CR2E034 (10/97)