

FILE NO.

PROFIT
CORPORATION
ANNUAL REPORT~~1998~~ 2000

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **K34319** (9)
1. Corporation Name
GERMAN-AMERICAN TRADE INSTITUTE, INC., U S A

Principal Place of Business

**804 MASON AVE
STE C
DAYTONA BEACH FL 32117
US**

Mailing Address

**804 MASON AVE
STE C
DAYTONA BEACH FL 32117
US**

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified

09/21/1988

FEI Number

59-2437834

Applied For

Not Applicable

Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**Election Campaign Financing ☐**\$5.00 May Be
Added to Fees**Trust Fund Contribution ☐This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**PERSCHMANN, LUTZ
1182 SUWANNEE ROAD
DAYTONA BEACH FL 32114**

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 607.0502 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> DELETE	D PERSCHMANN, LUTZ	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	1182 SUWANNEE ROAD		
	DAYTONA BEACH FL		
<input type="checkbox"/> DELETE	D KRETZSCHMAR, PETER	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	KIEFERNWEG 27A		
	D-29227 CELLE, GERMANY		
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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. (If on an attachment with an address.)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUTZ PERSCHMANN**4-27-00****904/451-5151**

Daytime Phone # 0021837