

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K54111 (5)

1. Corporation Name
SCHICKEDANZ ENTERPRISES, INC.



Principal Place of Business 4152 W. BLUE HERON 118 RIVIERA BEACH FL 33404	Mailing Address 4152 W. BLUE HERON 118 RIVIERA BEACH FL 33404-4858
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/28/1988		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0105118		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 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
24 Zip	25 Country	29 Zip		30 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			
SCHICKEDANZ, WALDEMAR 4152 W. BLUE HERON STE. #118 RIVIERA BEACH FL 33404				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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHICKEDANZ, WALDEMAR	1.2 NAME	
STREET ADDRESS	4152 W. BLUE HERON 118	1.3 STREET ADDRESS	
CITY - ST - ZIP	RIVIERA BEACH FL 33404	1.4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	D VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHICKEDANZ, GERHARD H.	2.2 NAME	
STREET ADDRESS	4152 W. BLUE HERON 118	2.3 STREET ADDRESS	
CITY - ST - ZIP	RIVIERA BEACH FL 33404	2.4 CITY - ST - ZIP	
TITLE	AVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUSA, OSWALD T	3.2 NAME	
STREET ADDRESS	4152 W. BLUE HERON 118	3.3 STREET ADDRESS	
CITY - ST - ZIP	RIVIERA BEACH FL 33404	3.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHICKEDANZ, GAIL	4.2 NAME	
STREET ADDRESS	4152 W. BLUE HERON 118	4.3 STREET ADDRESS	
CITY - ST - ZIP	RIVIERA BEACH FL 33404	4.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHICKEDANZ, LEANNE S	5.2 NAME	
STREET ADDRESS	4152 W. BLUE HERON 118	5.3 STREET ADDRESS	
CITY - ST - ZIP	RIVIERA BEACH FL 33404	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	

14. 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: *Waldemar Schickedanz* 4/30/97 (561) 845 8797
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)