

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K87799** (8)

1. Corporation Name
N78MP, INC.



Principal Place of Business Mailing Address
%URSULA RAMPE
4620 TWIN LAKES BLVD
FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified 05/12/1989	3a. Date of Last Report 01/17/1995
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent

RAMPE, URSULA
4620 TWIN LAKES BLVD.
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 to permit removal of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
P WALATER, RAMPE 4620 TWIN LAKES BLVD FT. LAUDERDALE FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> DELETE
VP CASTRINGLUS, RUDOLF 32 GEUMERINGER PLANEGG GERMANY	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> DELETE
D RAMPE, URSULA 4620 TWIN LAKES BLVD FT. LAUDERDALE FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> DELETE
	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> DELETE
	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> DELETE
	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> DELETE

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ursula Rampe (Director-Agent) 1/16/96 954-776-0023

Date

Daytime Phone #

CR2E034 (12/95)