

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

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Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M82745 (4)**  
 1. Corporation Name  
**HANSEATIC ROYAL COLLECTION, INC.**



Principal Place of Business <b>505 E. TWIGGS ST.          STE 506          TAMPA FL 33602-3924          US</b>	Mailing Address <b>505 E. TWIGGS ST.          STE. 506          TAMPA FL 33602-3924          US</b>
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2. Principal Place of Business 21 <b>212 S. MAGNOLIA AVE</b> Suite, Apt. #, etc. 22 City & State 23 <b>TAMPA, FL</b> Zip 24 <b>33606</b> Country 25 <b>U.S.A</b>	2a. Mailing Address 26 <b>P.O. Box 25534</b> Suite, Apt. #, etc. 27 City & State 28 <b>TAMPA, FL</b> Zip 29 <b>33622-5534</b> Country 30 <b>U.S.A</b>
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3. Date Incorporated or Qualified <b>05/26/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2892543</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SHOBE, DAVID C.          501 EAST KENNEDY BLVD.          SUITE 1700          TAMPA FL 33602</b>	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WESELOH, HEINZ</b>	1.2 NAME	
STREET ADDRESS	<b>505 E TWIGGS ST STE 201</b>	1.3 STREET ADDRESS	<b>212 S. MAGNOLIA AVE</b>
CITY - ST - ZIP	<b>TAMPA FL</b>	1.4 CITY - ST - ZIP	<b>TAMPA, FL 33606</b>
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEINZ-WERNER, WESELOH</b>	2.2 NAME	
STREET ADDRESS	<b>505 E TWIGGS ST STE 201</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL</b>	2.4 CITY - ST - ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEINZ-WERNER, WESELOH</b>	3.2 NAME	
STREET ADDRESS	<b>505 E TWIGGS ST STE 201</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>V/S/T</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>DENISE FERNANDES</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>212 S. MAGNOLIA AVE</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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.
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SIGNATURE: Denise Fernandes (Denise Fernandes) 04/21/97 (813) 877-6434 ext 102  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)