FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 12:13
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N92000000831 (9)

1. Corporate Name

GERMAN-AMERICAN FRIENDSHIP CLUB, INC.

Principal Place of Business:
619 8TH STREET SOUTH
NAPLES FL 33940
US

Mailing Address:
619 8TH STREET SOUTH
SUITE 200
NAPLES FL 33940
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1992
3a. Date of Last Report: 02/01/1994
4. FEI Number: 65-0378415 — Applied For / Not Applicable

2. Principal Place of Business
2a. Mailing Address
21 / 26 Suite, Apt. #, etc.
22 / 27 City & State
23 / 28 Zip
24 / 29 Country
25 / 30

5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

NICKEL, GUDRUN M
350 FIFTH AVENUE SOUTH
SUITE 200
NAPLES FL 33940

10. Name and Address of New Registered Agent

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 617.0502, 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 ____________ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WAGNER, FRITZ
STREET ADDRESS	2349 ABBEY COURT
CITY-ST-ZIP	NAPLES FL 33962
TITLE	VD
NAME	WOLFGANG, HEMPEL
STREET ADDRESS	2468 KINGS-LAKE BLVD.
CITY-ST-ZIP	NAPLES FL
TITLE	VD
NAME	HEMPELMANN, WOLFGANG
STREET ADDRESS	2250 QUEEN'S WAY
CITY-ST-ZIP	NAPLES FL
TITLE	S
NAME	MEINHARD, DENEKE
STREET ADDRESS	3615 BOCA CIEGA DR., #308
CITY-ST-ZIP	NAPLES FL
TITLE	TS
NAME	MEIER-DENEKE, SIGRID
STREET ADDRESS	3615 BOCA CIEGA DR, #308
CITY-ST-ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 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(1)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 04-20-95 (813) 263 0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018373