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NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N93000004269 (7)**

1. Corporation Name

GERMAN AMERICAN COMMERCE AND CULTURE SOCIETY OF CENTRAL FLORIDA, INC.

Principal Place of Business	*Mailing Address*
5401 SOUTH KIRKMAN ROAD SUITE 500 ORLANDO FL 32819	5401 SOUTH KIRKMAN ROAD SUITE 500 ORLANDO FL 32819

3. Date Incorporated or Qualified: 09/22/1993

4. FEI Number: 59-3202761 [ ] Applied For [ ] Not Applicable

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. Is this nonprofit corporation a homeowners association? [ ] Yes [X] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 [ ] Yes [X] No

2. Principal Place of Business
21 | Suite, Apt. #, etc. 22 | City & State 23 | Zip 24 | Country 25

2a. Mailing Address
26 | Suite, Apt. #, etc. 27 | City & State 28 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent

LANE, PAUL C
5401 S. KIRKMAN ROAD
SUITE 500
ORLANDO FL 32819

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE (Signature & Typed or printed Name of Individual & Capacity/Title) (DATE) (If agent, Registered Agent signature required in box 11 above)

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	FRENKEL, BONNIE I	
STREET ADDRESS	623 BURKE STREET	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	[ ] DELETE
NAME	LANE, PAUL C	
STREET ADDRESS	5401 S. KIRKMAN RD., #500	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	[ ] DELETE
NAME	ORTNER, DEANNA L	
STREET ADDRESS	700 LIVE OAK STREET	
CITY-ST-ZIP	MAITLAND FL	
TITLE	V	[X] DELETE
NAME	GOINGS, CAROL	
STREET ADDRESS	5763 FAIRWAY OAKS DRIVE	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	V	[X] DELETE
NAME	BAUMANN, PATRICK	
STREET ADDRESS	200 SOUTH ORANGE AVENUE 9TH FLOOR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	[X] DELETE
NAME	SCHORER, WOLFGANG	
STREET ADDRESS	6130 EDGEWATER DRIVE UNITE F	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[X] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [X] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

C92E037 (10/97)

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: