

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

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P01016

(5)

1. Corporate Name

GERMANIA OF AMERICA, INC.

Principal Place of Business

3340 PEACHTREE RD., NE, SUITE 2995
ATLANTA GA 30326

Mailing Address

3340 PEACHTREE RD., NE, SUITE 2995
ATLANTA GA 30326-1076



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/24/1984

3a. Date of Last Report

03/20/1996

4. FEI Number

58-1516988

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

GAGE, HUGH B JR.
2102 S. 29TH ST.
FT. PIERCE FL 34947

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	PDC	<input type="checkbox"/> DELETE
NAME	WERNER, HELMUT K	
STREET ADDRESS	3340 PEACHTREE RD., NE, SUITE 2995	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FAERBER, RUDOLF	
STREET ADDRESS	3340 PEACHTREE RD., NE, SUITE 2995	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARTMANN, JOHANNES C	
STREET ADDRESS	3340 PEACHTREE RD., NE, SUITE 2995	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GAGE, HUGH B JR.	
STREET ADDRESS	3340 PEACHTREE RD., NE, SUITE 2995	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	ASM	<input type="checkbox"/> DELETE
NAME	BOLINSKY, JUTTA	
STREET ADDRESS	3340 PEACHTREE RD., NE, SUITE 2995	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HARROLD, THOMAS J	
STREET ADDRESS	1409 PEACHTREE STREET, NE	
CITY-ST-ZIP	ATLANTA GA 30309	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 1997

Date

Daytime Phone #

0011824

CR2E034 (9/96)