

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

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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90035 015 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P01016

1. Corporation 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/24/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-1516988	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent GAGE, HUGH B JR. 2102 S. 29TH ST. FT. PIERCE FL 34947				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 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	PDC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WERNER, HELMUT K		1.2 NAME		
STREET ADDRESS	3340 PEACHTREE RD., NE, SUITE 2995		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30326		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAERBER, RUDOLF		2.2 NAME		
STREET ADDRESS	3340 PEACHTREE RD., NE, SUITE 2995		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30326		2.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARTMANN, JOHANNES C		3.2 NAME		
STREET ADDRESS	3340 PEACHTREE RD., NE, SUITE 2995		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30326		3.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAGE, HUGH B JR.		4.2 NAME		
STREET ADDRESS	3340 PEACHTREE RD., NE, SUITE 2995		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30326		4.4 CITY-ST-ZIP		
TITLE	ASM	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOLINSKY, JUTTA		5.2 NAME	VM Rathke, Andreas M.	
STREET ADDRESS	3340 PEACHTREE RD., NE, SUITE 2995		5.3 STREET ADDRESS	3340 Peachtree Rd., NE, Suite 2995	
CITY-ST-ZIP	ATLANTA GA 30326		5.4 CITY-ST-ZIP	Atlanta, GA 30326	
TITLE	ST	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARROLD, THOMAS J		6.2 NAME		
STREET ADDRESS	1409 PEACHTREE STREET, NE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30309		6.4 CITY-ST-ZIP		

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 of 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED M. RATHKE 03-25-99 404-842-0089
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (11/98)