

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

FILED

**May 01 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 # P14085 (5)
1. Corporation Name
KLOCKNER NAMASCO CORPORATION



Principal Place of Business P.O. BOX 5116 TAMPA FL 33675-5116	Mailing Address P.O. BOX 5116 TAMPA FL 33675-5116
---	---

3. Date Incorporated or Qualified 04/17/1987	3a. Date of Last Report 03/15/1996
4. FEI Number 38-2046626	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
					666 OLD COUNTRY RD	GARDEN CITY	11530		

9. Name and Address of Current Registered Agent
**HOERSCHGENS, ARNO W.
907 S 20TH STREET
TAMPA FL 33605**

10. Name and Address of New Registered Agent

81 Name JAMES BOEDEKER
82 Street Address (P.O. Box Number is Not Acceptable) 907 S 20 STREET
83
84 City TAMPA
85 Zip Code FL 33605

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 *James B. Boedecker* DATE **4/22/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MUESEERS, RAIMUND	
STREET ADDRESS	666 OLD COUNTRY ROAD	
CITY - ST - ZIP	GARDEN CITY NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KOOPMAN, UDO W.	
STREET ADDRESS	666 OLD COUNTRY ROAD	
CITY - ST - ZIP	GARDEN CITY NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLAUS, AGTHE DR.	
STREET ADDRESS	666 OLD COUNTRY ROAD	
CITY - ST - ZIP	GARDEN CITY NY	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	BUDENBENDER, GEORGE	
STREET ADDRESS	666 OLD COUNTRY ROAD	
CITY - ST - ZIP	GARDEN CITY NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REEVES, BERNIE	
STREET ADDRESS	666 OLD COUNTRY ROAD	
CITY - ST - ZIP	GARDEN CITY NY	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MUELLER, FRIEDRICK W	
STREET ADDRESS	666 OLD COUNTRY ROAD	
CITY - ST - ZIP	GARDEN CITY NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MUESERS, RAIMUND
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	P ROLAND STRASSBURGER
6.3 STREET ADDRESS	666 OLD COUNTRY RD
6.4 CITY - ST - ZIP	GARDEN CITY NY

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]* DATE: **4-3-97** DAYTIME PHONE: **(516) 237-6912**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)