

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000001152 (7)

1. Corporation Name

HANSEATIC FLORIDA HOMES, INC.



Principal Place of Business

Mailing Address

~~W~~MERSON, SAWYER, JOHNSTON ET AL
200 S BISCAYNE BLVD. SUITE 4500
MIAMI FL 33131

~~W~~MERSON, SAWYER, JOHNSTON ET AL
200 S BISCAYNE BLVD. SUITE 4500
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21 WEISENER, FRANK

26 WEISENER, FRANK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 9117 S.W. 72nd Avenue,
City & State Apt. E-6

27 9117 S.W. 72nd Avenue,
City & State Apt. E-6

23 Miami FL 33156

28 Miami FL 33156

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/30/1992

3a. Date of Last Report

02/07/1995

4. FEI Number

65-0365563

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

Y

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

WEISENER, FRANK

82 Street Address (P.O. Box Number is Not Acceptable)

9117 S.W. 72nd Avenue, Apt. E-6

83

Miami, Florida 33156

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

FRANK WEISENER

(Signature, typed or printed name of registered agent and the applicable date)

4/3/96

DATE

12. OFFICERS AND DIRECTORS

1. TITLE D
NAME MOLLER, HORST
STREET ADDRESS 200 S BISCAYNE BLVD, SUITE 4500
CITY-ST-ZIP MIAMI FL 33131

☐ DELETE

2. TITLE D
NAME LAUENSTEIN, GUNTER DR
STREET ADDRESS 200 S BISCAYNE BLVD, SUITE 4500
CITY-ST-ZIP MIAMI FL 33131

☐ DELETE

3. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 9117 S.W. 72nd Avenue, Apt. E-6
1.4 CITY-ST-ZIP Miami, Florida 33156

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 9117 S.W. 72nd Avenue, Apt. E-6
2.4 CITY-ST-ZIP Miami, Florida 33156

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Horst Moller Dr. Gunter Lauenstein

March 18, 1996

040-53803378 (Germany)

CR2E034 (12/95)