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

PROFIT CORPORATION ANNUAL REPORT

5277 TREE TOPS DRIVE

NAPLES FL 33962



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P93000035348 (0) **DOCUMENT #** Corporation Name **BLACKFOREST INVEST & DEVIZE CORPORATION** Mailing Address Principal Place of Business 205 N. COLLIER BLVD 205 N. COLLIER BLVD MARCO ISLAND FL 33937 MARCO ISLAND FL 33937 2a. Mailing Address 2. Principal Place of Business 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 22 City & State City & State

28 23 Country Zip Žιο 30 29 24 9. Name and Address of Current Registered Agent HOFMANN, WALTER

8. This corporation has liability for intangible tax under s 199.032, Country Yes No Florida Statutes 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 83 Zip Code 85 84 City

Date Incorporated or Qualified 05/17/1993

65-0409244

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

V

3a. Date of Last Report 02/22/1995

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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. Thereby 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) Signature, typed or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change 1 1 TITLE □ DEL€TE TITLE Zajac, Ladislav HOFMANN, WALTER 12 NAME NAME Herbsbruckerstr. 29 5277 TREE TOPS DRIVE 1.3 STREET ADDRESS STREET ADDRESS 91233 Neun Kirchen, GERMANY NAPLES FL 1.4 CITY - ST-ZIP CITY - S1 - ZIP Addition DELETE 2 1 TITLE THLE Einenkel, Harro **BOOS, WALTER** 22 NAME NAME zweierweg 2 AM SONNENRAIN 79 2 3 STREET ADDRESS 19688 Hausen, GERMANY STREET ADDRESS 79539 LOERRACH GE 2.4 CITY-ST-ZIP CIY-SI-ZiP DELETE 3 1 TITLE Reinartz. Rolf Wohlerstr. 6 11716 BUTZ NIKLAUS 3.2 NAME NAME 5245 TREE TOPS DRIVE 3.3. STREET ADDRESS STREET ADDRESS 79108 Freiburg, GER HANY MAPLES FL 3.4 CITY - ST- 7IP CITY-ST-ZIP DELETE 4. 1 TITLE THE ENGESSER, WALTER 4.2 NAME NAME DR - JOSEF-HOOP STR. 504 4.3 STREET ADDRESS STREET ADDRESS **ESCHEN LI** 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE THE REINHART, ROLF 5.2 NAME NAME RIMSINGER WEG 16 5 3 STREET ADDRESS STREET ADDRESS 79-611 FRIEBURG GE 54 CITY-ST-ZIP CHY-ST-ZIP Addition DELETE 6 1 TITLE TITLE SCHIMEK, ROBERT 6.2 NAME 1750 HUMMINGBIRD COURT 6.3 STREET ADDRESS

MARCO ISLAND FL 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 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 certify 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 a attachment with an address.

SIGNATURE:

STREET ADDRESS

HOFMANN 4/23/96 (94) 442 - 3333 DIRECTOR Date Daytone Phone !

(12/95)CR2E034