

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

FILED

May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000039198 (4)**
1. Corporation Name
GEBR. BING, INC.

Principal Place of Business 10001 SOUTHWEST 83 STREET MIAMI FL 33173	Mailing Address 10001 SOUTHWEST 83 STREET MIAMI FL 33173
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/25/1994	
4. FEI Number 65-0582075		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent AMERILAWYER, CHARTERED C/O LAWRENCE J. SPIEGEL 343 ALMERIA AVENUE CORAL GABLES FL 33134				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	
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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 **Eric M. Kluge TD** *Eric M. Kluge* **April 10 1998**
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	P	KLUGE, ERIC M	<input type="checkbox"/> DELETE	1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				1.2 NAME	Kluge, Eric M.		
STREET ADDRESS		10001 SOUTHWEST 83 STREET		1.3 STREET ADDRESS	10001 S.W. 83 Street		
CITY-ST-ZIP		MIAMI FL 33173		1.4 CITY-ST-ZIP	Miami FL 33173		
TITLE	SD	KLUGE, RONALD	<input type="checkbox"/> DELETE	2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME	Kluge, Ronald		
STREET ADDRESS		7702 CREEKSIDE DR		2.3 STREET ADDRESS	Zwerggasse 4		
CITY-ST-ZIP		FISHERS IN		2.4 CITY-ST-ZIP	96047 Bamberg, Germany		
TITLE	TD	BREITENBACH, PATRICIA S	<input type="checkbox"/> DELETE	3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME	Breitenbach, Patricia S		
STREET ADDRESS		7702 CREEKSIDE DR		3.3 STREET ADDRESS	7702 Creekside Dr		
CITY-ST-ZIP		FISHERS IN		3.4 CITY-ST-ZIP	Fishers In 46038-1355		
TITLE			<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 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 **Eric M. Kluge** **Eric M. Kluge** **April 10 1998** **305-274-8765**
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0240808

CR2034 (1097)