

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000043132 (7)**

1. Corporation Name

BAVARIAN CAR CONNECTION INC.



Principal Place of Business

**1947 AMHERST AVE.
DELTONA FL 32738**

Mailing Address

**1947 AMHERST AVE.
DELTONA FL 32738**

3. Date Incorporated or Qualified
06/07/1994

3a. Date of Last Report
04/14/1995

4. FEI Number

59-3256064

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

2. Principal Place of Business

21. **1002 ROSETTA DR.**
Suite, Apt. #, etc.

2a. Mailing Address

26. **1002 ROSETTA DR.**
Suite, Apt. #, etc.

22. City & State

23. **DELTONA FL**
City Zip Country

27. City & State

28. **DELTONA FL**
City Zip Country

24. **32725** 25.

29. **32725** 30.

9. Name and Address of Current Registered Agent

**SCHREIMEL, GERHARD
1947 AMHERST AVE.
DELTONA FL 32738**

81. Name

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

83. **1002 ROSETTA DR.**

84. City

DELTONA

85. State

FL

86. Zip Code

32725

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

Signature, typed or printed name of registered agent and board approval

NOTE: Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	SCHREIMEL, GERHARD	1947 AMHERST AVE.	DELTONA FL 32738	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
		1002 ROSETTA DR.	DELTONA FL 32725																				

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 in an attachment with an address

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96 1947-360-0009

CR2E034 (12/95)