

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

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Mar 11 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 # P94000077120 (1)

1. Corporation Name
ALEMANIA HOUSE SERVICE, INC.



Principal Place of Business
26510 S. PINES DR.
L 4
BONITA SPRINGS FL 33923

Mailing Address
4277 BONITA BEACH RD.
#126
BONITA SPRINGS FL 34134-4085

3. Date Incorporated or Qualified
10/19/1994

3a. Date of Last Report
03/25/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 4450 Bonita Beach Rd	65-0602714	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27 # 10-126	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28 Bonita Springs FL	<input type="checkbox"/>	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	29 34134		
Country	Country		
25	30 Lee		

9. Name and Address of Current Registered Agent

ZINN, JOACHIM
4277 BONITA BEACH RD.
#126
BONITA SPRINGS FL 33923

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZINN, JOACHIM		1.2 NAME		
STREET ADDRESS	4277 BONITA BEACH RD., #126		1.3 STREET ADDRESS		
CITY- ST- ZIP	BONITA SPRINGS FL		1.4 CITY- ST- ZIP		
TITLE	DVS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZINN, BAERBEL		2.2 NAME		
STREET ADDRESS	4277 BONITA BEACH RD., #126		2.3 STREET ADDRESS		
CITY- ST- ZIP	BONITA SPRINGS FL		2.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY- ST- ZIP			3.4 CITY- ST- ZIP		
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 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: Joachim Zinn 11/11/97 941-476-0577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)