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FILED

May 07 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 # P95000024591 (6)

1. Corporation Name

ECKHARD III - INDUSTRIES, INC. (USA)



Principal Place of Business

388 SOUTH MILITARY TRAIL
C/O JOHN KURTZ ATTORNEY AT LAW
WEST PALM BEACH FL 33415
US

Mailing Address

388 SOUTH MILITARY TRAIL
WEST PALM BEACH FL 33415-2808
US

3. Date Incorporated or Qualified

03/28/1995

3a. Date of Last Report

04/23/1996

4. FEI Number 65-0746077

APPLIED FOR

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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

BILLER, ECKHARD
2309 IDA WAY
WEST PALM BEACH FL 33415

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	BILLER, ECKHARD	
STREET ADDRESS	388 SOUTH MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	BILLER, SONJA	
STREET ADDRESS	338 SOUTH MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	VM	<input type="checkbox"/> DELETE
NAME	BAKERDJIAN, HAGOP	
STREET ADDRESS	388 SOUTH MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Froehlich, John F.	
4.3 STREET ADDRESS	12773 Forest Hill Blvd. #1201	
4.4 CITY-ST-ZIP	Wellington, FL 33414	
5.1 TITLE	D/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kurtz, John D.	
5.3 STREET ADDRESS	388 S. Military Trail	
5.4 CITY-ST-ZIP	W.P. Beach, FL 33415	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Kurtz

Date

Daytime Phone #

4-29-97 561-684-0550

CR2E034 (9/96)