

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000047700 (6)**

1. Corporation Name  
**ERDTMANN & PARTNERS, INC.**

Principal Place of Business  
**101 N GARDEN AVE  
SUITE 105  
CLEARWATER FL 34615  
US**

Mailing Address  
**101 N GARDEN AVE  
SUITE 105  
CLEARWATER FL 34615  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>80 Rogers St</b> Suite, Apt. #, etc. 22 <b>12 B</b> City & State 23 <b>Clearwater FL</b> Zip 24 <b>33756</b> Country 25 <b>US</b>		2a. Mailing Address 26 <b>80 Rogers St</b> Suite, Apt. #, etc. 27 <b>12 B</b> City & State 28 <b>Clearwater FL</b> Zip 29 <b>33756</b> Country 30 <b>US</b>		3. Date Incorporated or Qualified <b>06/14/1995</b>	3a. Date of Last Report <b>06/19/1996</b>
				4. FEI Number <b>59-3321292</b>	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ERDTMANN, STEFAN 101 N. GARDEN AVENUE CLEARWATER FL 34616</b>				10. Name and Address of New Registered Agent 81 Name <b>ERDTMANN, STEFAN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>80 Rogers St.</b> 83 <b>Suite 12 B</b> 84 City <b>Clearwater</b> FL 85 Zip Code <b>33756</b>	
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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

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	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ERDTMANN, LOTHAR</b>			1.2 NAME			
STREET ADDRESS	<b>80 ROGERS STREET</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CLEARWATER FL 34616</b>			1.4 CITY-ST-ZIP			
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ERDTMANN, STEFAN</b>			2.2 NAME			
STREET ADDRESS	<b>80 ROGERS STREET</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CLEARWATER FL 34616</b>			2.4 CITY-ST-ZIP			
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ERDTMANN, RAINER</b>			3.2 NAME			
STREET ADDRESS	<b>UERDINGER STREET, 231-47800</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>KREFELD, GERMANY</b>			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:

*[Signature]*

July 21, 97 (813) 447-6311

CP2E034 (4/97)