

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000089046 (3)

1. Corporation Name

ASKANIA INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

12901-6 MCGREGOR BLVD.  
FORT MYERS FL 33919

12901-6 MCGREGOR BLVD.  
FORT MYERS FL 33919



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1995		3a. Date of Last Report	
21	Suite, Apt #, etc	26	Suite, Apt #, etc	4. FEI Number 65-0631047		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

GOPEL, ANDREAS  
12901-6 MCGREGOR BLVD.  
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81	Name	Goepel, Andreas	
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 type for principal officer or registered agent and director (if applicable)

(NOTE: Registered Agent signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GOPEL, ANDREAS	1.2 NAME	Goepel, Andreas
STREET ADDRESS	4294 SKATES CIRCLE WEST	1.3 STREET ADDRESS	12901-6 MC GREGOR BLVD
CITY-ST-ZIP	FORT MYERS FL 33905	1.4 CITY-ST-ZIP	FORT MYERS, FL. 33919
TITLE	VD	2.1 TITLE	VD
NAME	GOPEL, PETRA	2.2 NAME	Goepel, Petra
STREET ADDRESS	4294 SKATES CIRCLE WEST	2.3 STREET ADDRESS	12901-6 MC GREGOR BLVD
CITY-ST-ZIP	FORT MYERS FL 33905	2.4 CITY-ST-ZIP	FORT MYERS, FL. 33919
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 and data 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 617, 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

Andreas Goepel 6-11-96 (941) 481-7677

CR2E034 (3/96)