

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

PROFIT.
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUL -9 PM 12:42

DOCUMENT # P95000090510 (5)

1. Corporation Name
SIX-C CORP.



SECRETARY OF STATE

Principal Place of Business
**115 W. OLYMPIA AVENUE
PUNTA GORDA FL 33950**

Mailing Address
**P.O. DRAWER 1447
PUNTA GORDA FL 33951-1447**

3. Date incorporated or Qualified **11/28/1995** 3a. Date of Last Report **03/28/1996**

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. 25. 26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip Country
30. **Post Office Drawer 511447
Punta Gorda, FL
33951-1447 U.S.A.**

4. FET Number **APPLIED FOR 98-0170879** 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

9. Name and Address of Current Registered Agent
**HACKETT, JACK O II
115 W. OLYMPIA AVENUE
PUNTA GORDA FL 33950**

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		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOTTENROTT, MARKUS	
STREET ADDRESS	SCHELLINGSTRASSE 92	
CITY-ST-ZIP	80798 MUNICH, GERMANY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOTTENROTT, VICTORIA	
STREET ADDRESS	BERGSTRASSE 129	
CITY-ST-ZIP	60121 HEIDELBERG, GERMANY	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOTTENROTT, CHRISTA	
STREET ADDRESS	HOLZHECKE 31	
CITY-ST-ZIP	60526 FRANKFURT, GERMANY	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOTTENROTT, CHRISTOF	
STREET ADDRESS	HOLZHECKE 31	
CITY-ST-ZIP	60526 FRANKFURT, GERMANY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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******165.00****165.00**

Handwritten signature and date: 7/10/97

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 as an attachment with an address.

SIGNATURE: **MARKUS HOTTENROTT 07-10-97**

CR2E034 (9/96)