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

PROFIT CORPORATION ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

1997

3510 SE 10TH PLACE

CAPE CORAL FL 33910



CAPE CORAL FL 33904-4290

FILED May 12 1997 8:00am Secretary of State

3. Date Incorporated or Qualified 3a. Date of Last Report

GERMAN-AMERICAN INFOR	MATION & TRADE CENTER, INC.	
	21.25	
Principa: Piace of Business	Mailing Address	T LOBILIDES SEA 1651 A OSSIL ABITE BANK BASIL ABITER SEAD FIRE SEAL INC.
3510 SE 10TH PLACE	3510 SE 10TH PLACE	

						01/12/1996			
2, Principal	Place of Business	2a. Mailing Address			***************************************	4. FEI Number			Applied For
21		26				65-0445391	<u>6</u>		Not Applicable
Suite, Ar	it #, etc	Suite, Apt #, etc.				5. Certificate of Status Desired			5 Additional
22		27			·····		-		Required
City & St	ale	City & State				6. Election Campaign Financing	 1		OO May Be
23		28				Trust Fund Contribution			ed to Fees
Zip	Country	Zip	<u>├</u>	ountry		8. This corporation has liability for	r intangible l □ Yes □		rs. 199.032,
24	25] g. Name and Address of Cu	ront Registered Apent	30			Florida Statutes 10. Name and Address of New R			
		Helli Hedistoten Want		81	Name	10, Name and Address of Now A	- Chierring	· gont	
	UNE, BETSY								
	650 BRYNWOOD LANE SE			82	Street Addre	ess (P.O. Box Number is Not Accepte	able)		
FI	MYERS FL 33912			83					
				63					
				84	City		·····	85 Z	ip Code
							FL	44	
11. Pursuar office o	nt to the provisions of Sections 607. Ir registered agent, or both, in the S	0502 and 607.1508, Florida Stat tate of Florida. Such change wa	tutes, the is authoriz	above ed by	e-named corporation	oration submits this statement for the on's board of directors. I hereby according to the contract of the cont	purpose of ept the appr	changin intment	g its registered as registered
agent	arn familiar with, and accept the ol	bligations of, Section 607.0505.	Florida St	atutes	S.	•			
*SIGNATURE	F								
	Signature, typed or printed name of registero	d agent and tille if applicable (N AND DIRECTORS	NOTE: Registe		ent signature require	ad when reinstating)	DATE	DIDECT	CODC IN 10
12.	D	AND DIRECTORS DELETE		TITLE		ADDITIONS/CHANGES TO OFF	ICERS AND	Chark	
TITLE	SOHLER, WALTRAUD	ניין טנננוג						C. J Ollary	je <u>Lui Additior</u>
NAME	ARIA OF CATILINIAGE		1	NAME					
STREET ADDRES	CAPE CORAL FL 33910				ADDRESS				
City-St-ZiP	D	DELETE		CITY-S	T- ZIP			Chang	ne Addition
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			3.2	NAME				Chang	go [] Additor
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CHY-S2-7IP TITLE NAME			3.2 3.3 3.4 4.1 4.2	NAME STREET CITY- TITLE 2 NAME	ST-ZIP				
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supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name