

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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000038297 (3)
 1. Corporation Name
K&L HECHT INC. GERMAN-AMERICAN HEALTHCARE SYSTEM
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Principal Place of Business 723 BENTLY STREET EAST LEHIGH FL 33936	Mailing Address 723 BENTLY STREET EAST LEHIGH FL 33936-9788
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3. Date Incorporated or Qualified 04/29/1996	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
SINKOVITS, ANGELA
302 LEE BOULEVARD #105
LEHIGH FL 33936

10. Name and Address of New Registered Agent
 81 Name **JOHANN PFUNER**
 82 Street Address (P.O. Box Number is Not Acceptable)
613 L'HOMMEDIEU STREET
 83
 84 City **LEHIGH ACRES** FL 85 Zip Code **33936**

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]* **JOHANN PFUNER** DATE **4/16/97**
Signature required or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	NAME	<input type="checkbox"/> DELETE
NAME	STREET ADDRESS	
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
NAME	STREET ADDRESS	
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
NAME	STREET ADDRESS	
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
NAME	STREET ADDRESS	
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
NAME	STREET ADDRESS	
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STREET ADDRESS	
1.3 STREET ADDRESS	CITY - ST - ZIP	
1.4 CITY - ST - ZIP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	
2.2 NAME	2.3 STREET ADDRESS	
2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	
2.4 CITY - ST - ZIP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	
3.2 NAME	3.3 STREET ADDRESS	
3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	
3.4 CITY - ST - ZIP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	
4.2 NAME	4.3 STREET ADDRESS	
4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	
4.4 CITY - ST - ZIP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	
5.2 NAME	5.3 STREET ADDRESS	
5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	
5.4 CITY - ST - ZIP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	
6.2 NAME	6.3 STREET ADDRESS	
6.3 STREET ADDRESS	6.4 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]* **4/16/97 P1 941 369 8389**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)