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FILED
Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

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



DOCUMENT # P 96000063739 (2)
1. Corporation Name

Holtmann Corporation

Principal Place of Business

Mailing Address

5117 Rutland Ct.
Cape Coral, FL 33904

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 c/o Thomas W. Hill

22 City & State

27 1318 Lafayette St.

23 Zip Country

28 Cape Coral, FL 33904

3. Date Incorporated or Qualified

3a. Date of Last Report

4. FEI Number

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

10. Name and Address of New Registered Agent

81 Name Thomas W. Hill
82 Street Address (P.O. Box Number is Not Acceptable)
1318 Lafayette St.
83
84 City Cape Coral FL 85 Zip Code 33904

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

Thomas W. Hill

Thomas W. Hill

3-18-97

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP

HOLTSMANN HANS
1318 LAFAYETTE ST.
CAPE CORAL, FL 33904

TITLE NAME STREET ADDRESS CITY-ST-ZIP

HOLTSMANN JUTTA
1318 LAFAYETTE ST.
CAPE CORAL, FL 33904

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52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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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:

Holtmann Hans

3-18-97 (941) 549-2444

CR2E034 (9/96)