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FILED
Apr 29 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 # P96000067648 (1)

1. Corporation Name
BIEBRICHER, INC.



Principal Place of Business
11886 GRAND ISLE LANE
FORT MYERS FL 33913

Mailing Address
11886 GRAND ISLE LANE
FORT MYERS FL 33913-8371

| | |
|---|-----------------------------------|
| 3. Date Incorporated or Qualified 08/08/1996 | 3a. Date of Last Report |
| 4. FEI Number 65-0687349 | Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---|
| 2. Principal Place of Business 21 1241 Taylor Lane Extension Suite, Apt. #, etc. 22 5A 5B City & State 23 Lehigh, Fl. Zip 24 33936 Country 25 USA | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 SAME Zip 29 Country 30 |
|--|---|

9. Name and Address of Current Registered Agent

BIEBRICHER, REINHARD
11886 GRAND ISLE LANE
FORT MYERS FL 33913

10. Name and Address of New Registered Agent

81 Name
Biebricher, Reinhard
82 Street Address (P.O. Box Number is Not Acceptable)
1241 Taylor Lane Extension
83 Suite 5A 5B
84 City
Lehigh, 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]* PRESIDENT DATE 1/31/97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|--|--|
| TITLE D NAME BIEBRICHER, REINHARD STREET ADDRESS 11886 GRAND ISLE LANE CITY-ST-ZIP FORT MYERS FL 33913 | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE P NAME Biebricher, Reinhard 1.2 STREET ADDRESS 1241 Taylor Lane Extension Suite 5A 5B 1.3 CITY-ST-ZIP Lehigh, Fl. 33936 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 2.1 TITLE Bartenbach Theresa 2.2 STREET ADDRESS 84799 Soaring Eagle Court 2.3 CITY-ST-ZIP Ft. Myers, Fl. 33912 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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]* REQUIRED
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97 (941) 368-2454
Date Daytime Phone #

CR2E034 (9/96)