

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

FILED  
May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000097082 (7)

1. Corporation Name

J.N.W. GERMAN/ENGLISH GELBE SEITEN, INC.



Principal Place of Business <b>3400 S. TAMiami TRAIL, SUITE 303 SARASOTA FL 34239</b>	Mailing Address <b>3400 S. TAMiami TRAIL, SUITE 303 SARASOTA FL 34239-6023</b>
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3. Date Incorporated or Qualified <b>12/02/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0712366</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 21 <b>677 N. WASHINGTON BLVD.</b> Suite, Apt. #, etc. 22 <b># 27</b> City & State 23 <b>SARASOTA, FL</b> Zip 24 <b>34236</b>	2a. Mailing Address 26 <b>677 N. WASHINGTON BLVD</b> Suite, Apt. #, etc. 27 <b># 27</b> City & State 28 <b>SARASOTA, FL</b> Zip 29 <b>34236</b>
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9. Name and Address of Current Registered Agent <b>JAENSCH, PETER J 3400 S. TAMiami TRAIL, SUITE 303 SARASOTA FL 34239</b>	10. Name and Address of New Registered Agent 81 Name <b>KLAUS FRANKE</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>677 N. WASHINGTON BLVD.</b> 84 <b># 27</b> City 85 <b>SARASOTA</b> FL 85 Zip Code <b>34236</b>
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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: *Klaus Franke* **KLAUS FRANKE PRESIDENT** 4/23/97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FRANKE, KLAUS</b>	
STREET ADDRESS	<b>136 RIVER ISLES</b>	
CITY - ST - ZIP	<b>BRADENTON FL 34208</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>FRANKE, KLAUS</b>	
1.3 STREET ADDRESS	<b>1025 SHADOW LAWN WAY</b>	
1.4 CITY - ST - ZIP	<b>SARASOTA FL 34242</b>	
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		

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: *Klaus Franke* **KLAUS FRANKE PRESIDENT** 4/23/97 941-952-5853  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0000112

CR2E034 (9/96)