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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

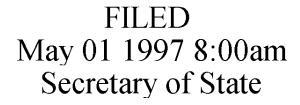
1997

DOCUMENT # P96000097082 (7)

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

Principal Place of Business

Mailing Address





3400 S. TAMIAMI TRAIL. SARASOTA FL 34239	SUITE 303		3400 S. TAMIAMI TRAIL, SUITE 303 SARASOTA FL 34239-6023						
					 Date Incorporated or Qualified 12/02/1996 	3a. Date	of Last Re	port	
2, Poncipal Place of I	Business , LASIHI NICTON I	SUD. 26 6 77. N. WASI	HILLETON &	GUI	4. FE! Number 65-071236	(plied For t Applicable	
Suite, Apt #, etc. 22 # 27	7,71111001010	Suite, Apt. #, etc.	**************************************		5. Certificate of Status Desired		8.75 A Fee Rec	dditional	
City & State 23 SARB S07	A,FL	City & State 28 SAPASOTA	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
2434236	Country 25	29 34236	Country 30		This corporation has liability for Florida Statutes	🗌 Yes 🗶	10	199.032,	
		urrent Registered Agent	81 Nam	0111	10. Name and Address of New F	legistered Age	nt		
JAENSCH, F 3400 S. TAN SARASOTA	AIAMI TRAIL, SUITE (303	82 Sug	ULI	AUS FICANUE SP (P.O. Box Number is Not Accept ASITING TON	able) ZW Z) ,		
			84 Shy	LRA	SOTA	FL	5 34	236	
 Pursuant to the p office or registere agent. Lam Umili 	rovisions of Sections 60 d agent, or both, in the ay with, and accept the	7.0502 and 607.1508, Florida Statu State of Florida. Such change was obligations of, Section 607.0505, F	tes, the above-name authorized by the colorida Statutes.	ed corpor orporation	ration submits this statement for the n's board of directors. I hereby acc	purpose of chept the appoint	anging its ment as r	registered registered	
SIGNATURE.	QUUS Of	red agent and title if applicable (NO	TE: Registered Agent signal	Tre required	CB UFN I	4/ <u>2</u> 3/	7/_		
12,		S AND DIRECTORS	13.	oro roquingo	ADDITIONS/CHANGES TO OFF		BECTOR	S IN 12	
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	ke, klaus		1.2 NAME	FRA	NNE, KLAUS 5 SHADOW LAWN I 2ASOTAFI 34242			-	
	IVER ISLES		1.3 STREET ADDRES	s /02	5 SHADOW LAWN V	VAY			
	ENTON FL 34208		1.4 CITY - ST - ZIP	SAI	<u> </u>				
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NAME STHEFT ADDRESS			6.2 NAME 6.3 STREET ADDRES		1	•			
CITY - ST ZIP			6.4 CITY - ST - ZIP	۱"	I	t:			
	y that the information su	pplied with this filing does not qual		stated in	n Section 119.07(3)(i), Florida Statu	tes. I further ce	rtify that t	he	

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 ham an officer or director of the corporation of 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, of on an attachment with an address.