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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000097082 (7)

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

Principal Place of Business		Mailing Address	Mailing Address				*** ***** ***** **	110 1101 1101
4	INGTON BLVD.		877 N. WASHINGTON BLVD					
#27 SARASOTA FL 34236		#27	#27 Sarasota Fl. 34236			DO NOT WRITE IN THIS SPACE		
US US	L 34230	US				3. Date Incorporated or Qualified	. 0. 7.01	
۱ 🏎		00				12/02/1996		
2. Principal P	lace of Business	2a. Mailing Address	<del></del>		<del></del>	4. FEI Number		oplied For
21		<u>├</u> ─┐	26			65-0712366	Not Applicable	
Suite, Apt. #, etc			Suite, Apt. #, etc.			1	<del></del>	Additional
22		27				5. Certificate of Status Desired		teguired
City & Stat	6	City & State			<del>-</del>	6. Election Campaign Financing	\$5.00	) May Be
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	C	ountry	,	8. This corporation owes or has paid the c	urrent year Ir	ntangible
24	25	29	30			Personal Property Tax due June 30.		□ No
	9. Name and Address of Cu	ırrent Registered Agent		<u> </u>		10. Name and Address of New Registered	l Agent	
FR	ANKE, KLAUS			81	Name			
677 N. WASHINGTON BLVD SUITE #27				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
				"	Ollegi AGG	rese (r.o. box rumber is 140t Acceptable)		
	RASOTA FL 34236			83				
,				84	City		or   7:-	Code
				64	City	F	_ <b>85</b> Zip	Code
office or r	to the provisions of Sections 607 registered agent, or both, in the S m familiar with, and accept the c	State of Florida. Such change.	was authoriz	zed by	/ the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing pointment as	its registered s registered
SIGNATURE								
	Signature, typed or printed name of registers				ent signatura requ	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDEOTO	DO IN 40
12. YITLE	D	S AND DIRECTORS  DELET	13		<del>-</del>	ADDITIONS/CHANGES TO OFFICERS AF	Change	Addition
=:	<del></del>		1	1.1 TITLE 12 NAME			Criange	LJ ROUMON
NAME	FRANKE, KLAUS	w	,	,				
STREET ADDRESS	1025 SHADOW LAWN WA	N		•	ADDRESS			
CITY-ST-ZIP				1.4 CITY - ST - ZIP 2.1 TITLE			Change	Addition
		☐ Office	I		ļ		C. Change	Addition
NAME				NAME	f			
STREET ADDRESS			[		ADDRESS			
CITY-ST-ZW	· · · · · · · · · · · · · · · · · · ·	[T] er cr		CITY-	ST-ZIP			4.4400
TITLE		☐ DELET	1	TITLE	- 1		Change	Addition
NAME			1	NAME				
STREET ADDRESS				-	ADDRESS			
CITY-ST-ZIP				CITY-S	ST- 2IP			
TITLE		DELET		TITLE			Change	Addition
ALLAN			<b>=</b> 4.6	A 61264F	1			

44. Thereby 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.

4 3 STREET ADDRESS

4.4 DITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

CITY-ST-ZIP

CLAUS FRANKE

4/27/98

952-5853

Change

Change

Addition

Addition

**FILED** 

May 05 1998 8:00am

Secretary of State