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

CORPORATION ANNUAL REPORT

1997



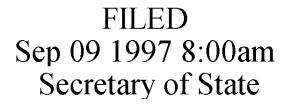
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000098177 (4)

SACHSENRING CORP.





Principal Place of Business Mailing Address															
7081 APPLEBY DRIVE NAPLES FL 34104				7081 APPLEBY DRIVE NAPLES FL 34104-6505											
									Date Incorporated or 12/09/1996	Qualified	3a. Da	ite of Las	t Repor	rt	
2. Principal P	Place of Business	2a.	2a. Mailing Address					FEI Number	-	L		Applied	d For		
21				26				59-346201			Not App i			p icable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5	Certificate of Status [•	5 Addit		
22				27				- Continuate of Glates I			Fee	Require	ed		
City & State				City & State				6.	Election Campaign F Trust Fund Contributi)0 May		
Zip	Country			├ -		ountry	intry		8. This corporation has liability for intangible tax under s. 199.032,						
24	25				30			Florida Statutes Yes No 10. Name and Address of New Registered Agent							
		Address of Curre	nt Regist	ered Agent	81		10.	Name and Address	of New Re	gistered /	\gent				
AMBURN, JAMES							Name		*						
5117 CASTELLO DRIVE SUITE 1						82	Street Add	ldress (F	P.O. Box Number is No	t Acceptab	ceptable)				
	LES FL 34103				83						····	· ··· ··			
						84	City	· · · ·			FL	85 Z	ip Code	6	
11. Pursuant	to the provisions	of Sections 607.050	02 and 60	7.1508. Florida Statu	les the	abov	e-named co	progratio	in submits this stateme	int for the r		changin	o its rer	oistered	
office or r	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. It hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.														
SIGNATURE	Signature, typed or pri	noted name of lygistered ag	ont and title i	Lapplicable. (NO	TE: Regist	ered Age	ant signature req	quired when	reinstaling)		DATE				
12.		OFFIČERS AN	ID DIREC	TORS	1	3			ADDITIONS/CHANGE:	S TO OFFIC	CERS AND	DIRECT	ORS IN		
TITLE	PTD			DELETE	1.1	1 TITLE						☐ Chang	je 🗀	Addition	
NAME		8, ernst-Wilhel	M		1.4	2 NAME									
STREET ADDRESS	SS CRIMMITSCHAUER STR. 67 D-08058 ZWICKAU, GERMANY						ADDRESS								
CITY-ST-ZIP		JIAU, GEHMANY		Dicte		4 CITY - S	T-ZIP					Chan		1 Addition	
TITLE	VSD	c		☐ DELETE		1 TITLE						Chang	16 [_ Addition	
NAME	RITTINGHAUS					2 NAME									
STREET ADDRESS		AUER STR. 67					ADDRESS							İ	
CITY-ST-ZIP TITLE	D-UOUSO ZWIL	CKAU, GERMANY		DELETE	_	4 CITY-S	ST-ZIP				· · · · · ·	Chang	1e	Addition	
NAME				L. Ditti		2 NAME						Unaily Land	J~ L_	, madicoli	
STREET ADDRESS							ADDRESS								
CITY-ST-ZIP	25			3.4.0											
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NAME						2 NAME							_		
							ADDRESS								
STREET ADDRESS CITY-ST-ZIP						4 CITY-S									
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TITLE				☐ DELETÉ		1 TITLE						Chang	je 🗀	Addition	
NAME		•				2 NAME						•			
STREET ADDRESS							ADDRESS								
CITY-ST-ZIP						4 CITY-S									
	hy certify that the	information supplie	d with thi	is filing does not qual				ed in Se	ection 119.07(3)(i). Flor	ida Statute	s. I further	certify th	nat the		

from an officer or director of the convortation supplemental annual from an officer or director of the convortation or the receiver or true appears in Block 12 or Block 13 if changer, or on an attachment ye and accurate and that my signature shall have the same legal effect as if made under oath; that red to execute this report as required by Chapter 607, Florida Statutes; and that my name

06/101/97