
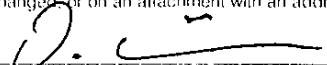


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90035 016 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P98000083934 1. Corporation Name <b>ALEMANIA BUSINESS CORPORATION</b>			
Principal Place of Business <b>1105 Cape Coral Parkway</b>		Mailing Address <b>1105 Cape Coral Parkway</b>	
2. Principal Place of Business 21 <b>1105 Cape Coral PKwy.</b> Suite, Apt. #, etc. 22 <b>Suite C</b> City & State 23 <b>Cape Coral FL</b> Zip Country 24 <b>33904</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>1105 Cape Coral Pkwy E</b> Suite, Apt. #, etc. 27 <b>Suite C</b> City & State 28 <b>Cape Coral FL</b> Zip Country 29 <b>33904</b> 30 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>Christine F. Wright</b> <b>1105 Cape Coral Parkway</b> <b>Cape Coral, FL 33914</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>1105 Cape Coral Parkway East</b> 83 <b>Suite C</b> 84 City <b>Cape Coral</b> 85 Zip Code <b>FL 33904</b>	
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, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>Wittig, Dirk</b> STREET ADDRESS <b>Am Moenchgraben 99</b> CITY-ST-ZIP <b>D-40597 Duesseldorf, Germany</b>		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>Hopfenmueller, Frank</b> STREET ADDRESS <b>Bolthaus 48</b> CITY-ST-ZIP <b>D-40723 Hilden, Germany</b>		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 or on an attachment with an address.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Dirk Wittig, Director 3/16/99 011-49-211- 21871030	

CR2E034 (10/97)