

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S62945 (8)

1. Corporation Name

SCHWEERS ENGINEERING ASSOCIATES GMBH CORP.



Principal Place of Business

Mailing Address

7240 CARMEL COURT
BOCA RATON FL 33433

7240 CARMEL COURT
BOCA RATON FL 33433

3. Date Incorporated or Qualified

06/26/1991

3a. Date of Last Report

03/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWEERS, DOUGLAS S.
7240 CARMEL COURT
BOCA RATON FL 33433

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of registered agent and the filer please

(NOTE: Registered Agent signature required when reinstating)

1-19-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	SCHWEERS, DOUGLAS S.	7240 CARMEL CT	BOCA RATON FL
S	SCHWEERS, ERIN E.	7240 CARMEL CT	BOCA RATON FL
D	JUDY NALSAM	7240 CARMEL CT	BOCA RATON FL
D	SCHWEERS, MEGAN	2581 WINDBOE VILLAGE DR.	MIAMI BEACH FL 33142
D	DAVID PRINCE	405 W. STATE STREET	CLEAN, N.Y. 14760
D	LAURIE BRANCH	406 W. STATE STREET	CLEAN, N.Y. 14760

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS S. SCHWEERS

Date

1-19-96

Daytime Phone #

305-525-8410

CR2E034 (12/95)