

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 # **P14085 (5)**

1. Corporation Name
KLOCKNER NAMASCO CORPORATION



Principal Place of Business: **P.O. BOX 5116 TAMPA FL 33675-5116**
Mailing Address: **P.O. BOX 5116 TAMPA FL 33675-5116**

3. Date Incorporated or Qualified: **04/17/1987**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **38-2046626**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent

**HOERSCHGENS, ARNO W.
907 S 20TH STREET
TAMPA FL 33605**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MUESEERS, RAIMUND	
STREET ADDRESS	666 OLD COUNTRY ROAD	
CITY-ST-ZIP	GARDEN CITY NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KOOPMAN, UDO W.	
STREET ADDRESS	666 OLD COUNTRY ROAD	
CITY-ST-ZIP	GARDEN CITY NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLAUS, AGTHE DR.	
STREET ADDRESS	666 OLD COUNTRY ROAD	
CITY-ST-ZIP	GARDEN CITY NY	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	BUDENBENDER, GEORGE	
STREET ADDRESS	666 OLD COUNTRY ROAD	
CITY-ST-ZIP	GARDEN CITY NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REEVES, BERNIE	
STREET ADDRESS	666 OLD COUNTRY ROAD	
CITY-ST-ZIP	GARDEN CITY NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MUELLER, FRIEDRICK W	
STREET ADDRESS	666 OLD COUNTRY ROAD	
CITY-ST-ZIP	GARDEN CITY NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 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	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
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 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: _____ DATE: **3-5-96(813)247-4511**

CR2E034 (12/95)