

Cert. # Z 171 717 683

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

FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 666 OLD COUNTRY RD. GARDEN CITY NY 11530 US
--	---

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 04/17/1987		
4. FEI Number 38-2046626	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**BOEDEKER, JAMES
 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

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	MUESERS, RAIMUND	
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	P	<input type="checkbox"/> DELETE
NAME	STRASSBURGER, ROLAND	
STREET ADDRESS	666 OLD COUNTRY RD	
CITY-ST-ZIP	GARDEN CITY NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Addition
6.2 NAME	CORP. CONTROLLER
6.3 STREET ADDRESS	JOHNSON, KIRK A.
6.4 CITY-ST-ZIP	666 OLD COUNTRY RD. GARDEN CITY NY

14. I hereby 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.

SIGNATURE _____

CR2E034 (10/97)