**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90224 045 \*\*\*150.00

חחרו	MENT	#	000504
DOC	ソハニコ	#	306534

1. Corporation Name

**OESTERLE CORPORATION** 

Principal Place	of Business	Mailing Address					
9506 SOUTH RED ROAD MIAMI FL 33156  MIAMI FL 33156					DO NOT WRITE IN THIS SPACE	_	
					,	2. Date Incorporated or Qualifed 06/23/1966	
2 Principal Pla	ace of Business	2a. Mailing Address			<del>/-</del>	4. FEI Number Applied For	┪
21	acc of business	26			(	59-1461402 Not Applicable	•
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional	$\neg$
22		27				Fee Required	4
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution S 5.00 May Be Added to Fees	ļ
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intangible	٦
24	25	29	30			Personal Property Tax.	4
	9. Name and Address of Currer	it Registered Agent		041		10. Name and Address of New Registered Agent	$\dashv$
UES.	TERLE, DOUGLAS WM.			81 1	Name	·	
	RED ROAD SOUTH			82 5	Street Addres	ess (P.O. Box Number is Not Acceptable)	
	A OESTERLE CORP			83			┪
	AI FL 33156						_
				84 0	City	FL 85 Zip Code	1
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	utes, the a	bove-n	amed corpor	oration submits this statement for the purpose of changing its registered	٦
office or re	egistered agent, or both, in the State n familiar with, and accept the obliga	of Florida, Such change was	authorized	1 by the	e corporation	on's board of directors. I hereby accept the appointment as registered	
	Trialiniai Was, and dooopt are oonge						-
SIGNATURE	Signature, typed or printed name of registered age			Agent siç	nature required v	d when reinstating) DATE	ᅱ
12.		D DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	_
TITLE C	SD S	☐ DELETE	1.1 TO			- Change - Addison	"
NAME	OESTERLE, DOUGLAS W.		12 N/				Ì
STREET AODRESS	9506 RED ROAD SOUTH			TREET AD			
CITY-ST-ZIP	MIAMI FL PD )	☐ DELETE	1.4 CI 2.1 TI	TY-ST-ZI	P	☐ Change ☐ Addition	5
TITLE	OESTERLE, MARK WM.	beleve	2.2 N				-
NAME	9506 RED ROAD SOUTH			TREET AD	DRESS		Ì
STREET ADDRESS	MIAMI FL			ary-st-z		والمتحارب والمتحاري والمتحارض والمتحاري والمتحار	
CITY-ST-ZIP	VD	☐ DELETE	3.1 TI			☐ Change ☐ Addition	эп
NAME	OESTERLE, ROBERT A.		3.2 N	AME			1
STREET ADDRESS	9506 RED ROAD SOUTH		3.3 S	TREET AD	DRESS		
CITY-ST-ZIP	MIAMI FL		3.4. C	ΠY-ST-Z	IP		
TITLE		☐ DELETE	4.1 Ti	ΠE		☐ Change ☐ Addition	วก]
NAME			4 2 N	IAME			- }
STREET ADDRESS			4.3 S	TREET AD	DORESS		1
CITY-ST-ZIP			4.4 C	ITY-ST-Z	IP.		$\exists$
TITLE		☐ DELETE	5.1 TI			☐ Change ☐ Addition	JR
NAME			5.2 N		20500		Ì
STREET ADDRESS			1	TREET AD		,	-
CITY-ST-ZIP		□ nei etc	5.4 C	ITY-ST-Z	IP	☐ Change ☐ Addition	ᆔ
TITLE		☐ DELETE	6.2 N				
NAME			i i	TREET AD	DDRESS		
STREET ADDRESS				ITY-ST-Z			
CITY-ST-ZIP			0.40		‴ I		

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 mattachment with an address, with all other like empowered.

SIGNATURE: