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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90210 001 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **G59817**

1. Corporation Name  
**BAVARIAN INN CORPORATION**



Principal Place of Business Mailing Address

**% CRAIG R. WOODWARD**  
**606 BALD EAGLE DR. #500. P.O. BOX 1**  
**MARCO ISLAND FL 33997**

**PO BOX ONE**  
**606 BALD EAGLE DR. #500. P.O. BOX 1**  
**MARCO ISLAND FL 33969**  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	09/16/1983	59-2319209	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	8. This corporation owes the current year Intangible Personal Property Tax.	8.75 Additional Fee Required
22	27	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
City & State	City & State			
23	28			
Zip Country	Zip Country			
24 34145 25	29 34146 30			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>WOODWARD, CRAIG R.</b> <b>606 BALD EAGLE DR., SUITE 500</b> <b>ISLAND TOWER BLDG</b> <b>MARCO ISLAND FL 33997</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City
	85 Zip Code <b>FL 34145</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 title 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>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GROSSMAN, RUDOLF</b>	1.2 NAME	
STREET ADDRESS	<b>8520 ERLANGEN</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST GE</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERKEL, BETTY</b>	2.2 NAME	
STREET ADDRESS	<b>8520 ERLANGEN</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST GERMANY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAYERHOFER, KONRAD</b>	3.2 NAME	
STREET ADDRESS	<b>1276 TREASURE COURT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>	3.4 CITY-ST-ZIP	<b>34145</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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, with all other like empowered.

SIGNATURE: *Konrad Mauerhofer* **Sec. Treasurer** 2/12/99 (941) 394-7233  
 Konrad Mauerhofer Date Daytime Phone #

CR2E034 (1/198)