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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000051494

## Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90043 028 \*\*\*158.75

IFG DEV	ELOPMENT COMPANY, INC.	•								
Principal Place	e of Business	Mailing Address				-		(B) ((B)) B)8(8)	ARI <b>Bib</b> i 1881	
-	,	1325 S.E. 47TH STREE	T SHITE G							
1325 S.E. 47TH STREET. SUITE G 1325 S.E. 47TH STREET. SU CAPE CORAL FL 33904 CAPE CORAL FL 33904						DO NOT WRITE	- 161 - 71 110 - 0	PDACE		
							IN THIS S			
						3. Date Incorporated or Qualifed				
		2a Mailine Address				06/14/1996 4. FEI Number	08123	Ann	lied For	
	lace of Business	2a. Mailing Address				NOT APPLICABLE	00123		Applicable	
21	# 010	Suite, Apt. #, etc.						\$8.75 Ac		
Suite, Apt.	#, <del>8</del> 10.	27				5. Certificate of Status Desired	×	Fee Req		
City & State	e	City & State				6. Election Campaign Financing		\$5.00 N	May Be	
23		28				Trust Fund Contribution		Added to		
Zip	Country	Zip	Col	untry		8. This corporation owes the curren				يدت
24	25	£ 29	30			Personal Property Tax.		_	_No	
	9. Name and Address of Current	Registered Agent		0.1	<u> </u>	10. Name and Address of New Re	gistered A	gent		
	UIT DALE O			81	Name					
imanuel, paul G 1325 S.E. 47th Street, suite G			•	82 Street Address (P.O. Box Number is Not Acceptable)						
	E CORAL FL 33904							<u></u>		
CAPI	E COLME LE 22904			83						
				84	City		FL	85 Zip C	ode	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes						antice submits this statement for the o		hanging its r	enistered	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o im familiar with, and accept the obligati	of Florida, Such chande wa	าร อบเทดศิรษ	ia dv tr	e corporation	n's board of directors. I hereby accept	the appoint	ment as regi	stered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (N	IOTE: Renistere	d Agent s	signature required	when reinstating)	DATE			-
12.	OFFICERS AND		13.		ngrist or response	ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	RS IN 12	ç
TITLE	D	☐ DELETE	1.1 T	TITLE		-		☐ Change	Addition	7
NAME	VON CAMPE, GORD		1.2 N	NAME						5
STREET ADDRESS	4615 CALOOSA VISTA RD.		1.3 5	STREET A	DDRESS					ũ
CITY-ST-ZIP	FT. MYERSL FL 33901-8850		1,4 0	CITY-ST-	ZIP					ò
TITLE	D DELETE			ITTLE					☐ Addition	(
NAME	THIEM, HARALD	C 5522.12	. [2.11	ILLE		-		Change		
STREET ADDRESS	WINDERSOFT OF COOK PROVEDODO			NAME				Change	_	
CITY-ST-ZIP		_	2.21		DDRESS			Change		
TITLE	NURNBER GERMANY	KERSDORF	2.2 N 2.3 S 2.4	NAME						
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NAME STREET ADDRESS		KERSDORF	22N 23S 244 3.11 32N	NAME STREET A CITY-ST- TITLE	ZIP				☐ Addition	
_		KERSDORF  DELETE	22A 23\$ 2.4 3.11 32A 33.8 34.0	NAME STREET A CITY-ST- ITTLE NAME STREET A CITY-ST-	ZIP DORESS			Change		
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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!