

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

FILED

**Mar 25 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000003517 (4)
1. Corporation Name
FINK OF LEE COUNTY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O METRO REALTY & INVESTMENT, INC. 8695 COLLEGE PKWY, SUITE 355 DREW DRAKE FORT MYERS FL 33919	Mailing Address C/O METRO REALTY & INVESTMENT, INC. 8695 COLLEGE PKWY, SUITE 355 DREW DRAKE FORT MYERS FL 33919
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3. Date Incorporated or Qualified
01/08/1997

21. Principal Place of Business C/O Seemann & Schutt Suite, Apt. #, etc. <i>Suite C</i> 22. 1105 Cape Coral Parkway E City & State 23. Cape Coral FL Zip 24. 30904	2a. Mailing Address Jim Musfeld 7 Suite, Apt. #, etc. 27. City & State 28. Bad Honnef Zip 29. D-53604 Country 30. Germany
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4. FEI Number
65-0735574

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**SEEMANN, ERNEST A ESQ.
4729 DEL PRADO BLVD.
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1105 Cape Coral Parkway E
83	Suite C
84 City	Cape Coral FL
85 Zip Code	33904

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	D	<input type="checkbox"/> DELETE
NAME	FINK, NIKOLAUS	
STREET ADDRESS	C/O DREW DRAKE 8695 COLLEGE PKWY, STE#355	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	C/O Seemann & Schutt P.A.	<input type="checkbox"/> DELETE
NAME	1105 Cape Coral Parkway E	
STREET ADDRESS	Cape Coral FL 33904	
CITY-ST-ZIP	Suite C	

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 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: _____ **Germany**
03/12/1998 9824-89431

CR2E034 (10/97)