

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K37024** (2)

1. Corporation Name

SWISS-FLORIDA PROPERTIES, INC.

Principal Place of Business

Mailing Address

% JAMIE B. GREUSEL
1104 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937

% JAMIE B. GREUSEL
1104 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified
10/07/1988

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0092229

Applied For
Not Applicable

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 has liability for intangible tax under D. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREUSEL, JAMIE B.
% BERRY & GREUSEL
1104 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature must be printed name of registered agent and his corporation

(NOTE: Registered Agent signature required after recording)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD
NAME: OEHLER, DR. EDGAR
STREET ADDRESS: 1104 N. COLLIER BLVD.
CITY, ST, ZIP: MARCO ISLAND FL

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY, ST, ZIP: Change Addition

TITLE: ST
NAME: OEHLER, MARIANNE
STREET ADDRESS: 1104 N. COLLIER BLVD.
CITY, ST, ZIP: MARCO ISLAND FL

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY, ST, ZIP: Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY, ST, ZIP: Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY, ST, ZIP: Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY, ST, ZIP: Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY, ST, ZIP: Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 of this report, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95 (813) 374-8111

(S)

(Typed Name)