

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S54318 (8)

1. Corporation Name

ANNASWISS CORPORATION



Principal Place of Business

3431 49TH STREET, NORTH
ST. PETERSBURG FL 33710
US

Mailing Address

3431 49TH STREET, NORTH
ST. PETERSBURG FL 33710
US

2. Principal Place of Business

21 3431 49th St. North
State, Apt. #, etc.

22 City & State
23 ST. PETERSBURG FL

24 Zip 33710
25 Country USA

2a. Mailing Address

26 3431 49th St. North
State, Apt. #, etc.

27 City & State
28 ST. PETERSBURG, FL

29 Zip 33710
30 Country USA

3. Date Incorporated or Qualified
05/20/1991

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3069605

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 s. 199.032
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name Sallyanne Luedi
82 Street Address (P.O. Box Number is Not Acceptable)
735 36th Ave. North
83
84 City ST. PETERSBURG FL 85 Zip Code 33710

9. Name and Address of Current Registered Agent
AYE, WALTER E.
ONE TAMPA CITY CTR
STE 2865
TAMPA FL 33602

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(4), 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 I accept the obligations of, Section 607.05(5), Florida Statutes.

SIGNATURE

Sallyanne Luedi

4-24-96

12. OFFICERS AND DIRECTORS

1. TITLE P
NAME LUEDI, HEINZ
STREET ADDRESS 6500 SUNSET WAY APT 205A
CITY-STATE-ZIP ST. PETERSBURG FL

2. TITLE ST
NAME LUEDI, SALLYANNE
STREET ADDRESS 6500 SUNSET WAY APT 205A
CITY-STATE-ZIP ST. PETERSBURG FL

3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ Change ☐ Addition
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
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92. CITY-STATE-ZIP
93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY-STATE-ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE:

Sallyanne Luedi
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 813-501-9900

CR2E034 (12/95)