FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
Suite, Apt. #, etc.
22
City & State
23 St. Petersburg FL.
Zip 24 33710 County 25 USA

2a. Mailing Address
26 3431 49th St. North
Suite, Apt. #, etc.
27
City & State
28 St. Petersburg, FL
Zip 29 33710 County 30 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

9. Name and Address of Current Registered Agent

AYE, WALTER E.
ONE TAMPA CITY CTR
STE 2865
TAMPA FL 33602

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

11. Pursuant to the provisions of Sections 607.0502 and 607.150(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 agree to the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Sallyanne Luedi 4-24-96
Signature of New Registered Agent (Required) Date

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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)(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 added or an attachment with an addition.

SIGNATURE: Sallyanne Luedi 4-24-96 813-501-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)