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 # 514557

SWISS & GERMAN INVESTMENTS, INC.

Principal Place of Business Mailing Address						1 \$\$\$11\$ \$\$ \$\$\$\$1 \$\$\$1 \$\$1\$\$1 \$1\$\$\$	TOS DIBIL DIBIL BIBIL BIBIL	HELD BURST HERE	
1151 N. ATLANTIC BLVD. #5-A 1151 N. ATLANTIC BLVD. #5-FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304									
					L	DO NOT WRITE IN THIS SPACE			
	*				:	3. Date Incorporated or Qualifed		ŀ	
		·				11/03/1976			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	<u> </u>	plied For	
21 26						59-1866102		t Applicable	
Suite, Apt. #, etc.						5. Certifcate of Status Desired			
22 27							. Lee Ve		
City & State City & State						6. Election Campaign Financing	\$5.00	•	
			Country			Trust Fund Contribution	Added t	o Fees	
·	Country Zip Cou			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes 📉 No					
24	9. Name and Address of Currer		UĮ			0. Name and Address of New Regi		23,40	
	5. Hamo and Addition of Control	r rrogiotor da rigoria	81	Name		o. Hamo and House of How Kog.			
HISA	AM, HORST G.		82			/			
1151 N. ATLANTIC BLVD. #5-A				Street	Address	ress (P.O. Box Number is Not Acceptable)			
FT. LAUDERDALE FL 33304									
		er to					3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			84	City			FI 85 Zip C		
	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligations of the control of t				corporati oration's l	on submits this statement for the pur board of directors. I hereby accept th	pose of changing its e appointment as reg	registered gistered	
SIGNATORE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	egistered Agen	t signature re	required wher	n reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	PD	☐ ĐELETE	1.1 TITLE				☐ Change	☐ Addition	
NAME	HISAM, HORST G.	ļ	1.2 NAME					Į.	
STREET ADDRESS	1151 N ATLANTIC BLV #5-A		1.3 STREET	ADDRESS				}	
CITY-ST-ZIP	FT. LAUDERDALE FL		1,4 CITY-S1	-ZIP	<u> </u>				
TTLE	V	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition	
NAME	HISAM, URSULA		2.2 NAME					J	
STREET ADDRESS	1151 N ATLANTIC BLV #5-A	1151 N ATLANTIC BLV #5-A		2.3 STREET ADDRESS					
GITT-ST-ZIF	FT LAUDERDALE FL		2.4 CITY-S	r-ZIP		· · ·	-		
TITLE	V	☐ DELETE	3.1 TITLE				Change	Addition	
NAME	HISAM, THORSTEN G	1	3.2 NAME		1			Ì	
STREET ADDRESS	140 SPRINGWOOD DR	ļ	3.3 STREET	ADDRESS	ĺ				
CITY-ST-ZIP	DAYTONA BCH FL		3.4. CITY-S	r-zip	<u> </u>		<u>}</u>		
TILE		☐ DELETE	4.1 TETLE				☐ Change	Addition	
NAME		ļ	4. 2 NAME						
STREET ADDRESS		ļ	4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY- \$1	-ZIP	<u> </u>				
TILE		☐ OELETE	5.1 TITLE	- 1	1		Change	☐ Addition	
NAME			5.2 NAME		1	·		{	
STREET ADDRESS	ra s		5.3 STREET	ADDRESS	1				
CITY-ST-ZIP			5.4 CITY-ST	-ZIP					
ΞΕ	A STATE OF THE STA	☐ DELETE	6.1 TITLE				☐ Change	Addition	
NAME	The ANN ALL STREET		6.2 NAME		1				
STREET ADDRESS			6.3 STREET	ADDRESS	1				

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.

CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90034 028 ***158.75