

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -8 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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-03/10/95--01041--001
***208.75 ***208.75

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 7/25/1979 3a. Date of Last Report 4/5/94

4. FEI Number 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. 193.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 223 Marine Court 26 3450 Northlake Blvd.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 Suite 200
City & State
23 Lauderdale-By-The-Sea, FL 28 Palm Bch Gardens, FL
Zip Country FL Zip Country
24 33308 25 USA 29 33403 30 USA

9. Name and Address of Current Registered Agent
Dr. Herbert H. Preyers
223 Marine Court
Lauderdale-By-The-Sea, FL 33308

10. Name and Address of New Registered Agent
81 Name Diane L. Karlik, Esquire
82 Street Address (P.O. Box Number is Not Acceptable) 3450 Northlake Blvd., Ste #200
83
84 City Palm Beach Gardens FL 85 Zip Code 33403

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 *Diane L. Karlik* DATE 2/27/94
(Signature of agent or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reappointing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/T/S/D	1.1 TITLE	☐ Change ☐ Addition
NAME	KUDERA, EDITH	1.2 NAME	
STREET ADDRESS	A-1130 Wien, Altgasse 3	1.3 STREET ADDRESS	
CITY-ST-ZIP	Austria, Europe	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	PREYERS, HERBERT H.	2.2 NAME	
STREET ADDRESS	223 Marine Court	2.3 STREET ADDRESS	
CITY-ST-ZIP	Lauderdale-By-The-Sea, FL 33308	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME	T.S. 3/8/95	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.032(4)(b), 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: *Edith Kudera* Edith Kudera 2/27/95
(Signature and typed or printed name of signing officer or director) (Date)