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Secretary of State
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NON-PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763177 (3)

1. Corporation Name

SCHLARAFFIA COSTA AUREA, INC.

Principal Place of Business	Mailing Address
6769 Arbor Drive Miramar, FL 33023 US	1105 Cape Coral Pkwy. E Suite C Cape Coral, FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1982

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 59-2235912 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
Zip 24 Country 25	Zip 29 Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Seemann, Ernest A.
1105 Cape Coral Parkway East Suite C
Cape Coral, FL 33904

10. Name and Address of New Registered Agent

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: _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Zeidler, Bruno	1.2 NAME	
STREET ADDRESS	1323 SW 3rd Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton FL	1.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Brose, Wilhelm F.	2.2 NAME	
STREET ADDRESS	3980 SW 30th Court	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami FL	2.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Schwabe, Michael	3.2 NAME	
STREET ADDRESS	3922 SW 136th Ave	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami FL	3.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Hachenburg, H.W.	4.2 NAME	
STREET ADDRESS	6769 Arbor Dr.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miramar FL	4.4 CITY-ST-ZIP	
TITLE	AS ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Seemann, Ernest A.	5.2 NAME	
STREET ADDRESS	1105 Cape Coral Pkwy.E Ste.C	5.3 STREET ADDRESS	
CITY-ST-ZIP	Cape Coral FL 33904	5.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	Grun, Emil	6.2 NAME	
STREET ADDRESS	2899 Collins Ave. #529	6.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach FL	6.4 CITY-ST-ZIP	

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 added in an attachment with an address, with all other like empowered.

SIGNATURE: E A Seemann ERNEST A. SEEMANN, Asst.Sec. 4/28/99
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OR TITLE IF ANY DATE