

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0461575

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
99 MAR 16 PM 1:35

DOCUMENT # F03300

1. Corporation Name
NIEMANN AND WOLTER DEVELOPMENT CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**12500 HUNTERS RIDGE DR.
BONITA SPRINGS FL 34135
US**

Mailing Address
**12500 HUNTERS RIDGE DR.
BONITA SPRINGS FL 34135
US**

[Handwritten initials]

DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: **10/27/1980**
- 4. FEI Number: **39-1365286** Applied For Not Applicable
- 5. Certificate of Status Desired: **\$8.75** Add Local Fee Required
- 6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees
- 8. This corporation owes the current year Intangible Personal Property Tax: Yes No
- 10. Name and Address of New Registered Agent

2. Principal Place of Business
21 **9240 BONITA BEACH RD.**
Suite, Apt. #, etc.
22 **STE. 1117**
City & State
23 **BONITA SPRINGS, FL**
Zip Country
24 **34135** 25 **U.S.**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
30

9. Name and Address of Current Registered Agent

**BUTLER, GAREY
% HUMPHREY & KNOTT, P.A.
1625 HENDRY ST., #301
FT MYERS FL 33901**

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

Signature, type I or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature is not required.)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | PD |
| NAME | WENWESER, DIETER |
| STREET ADDRESS | 12500 HUNTERS RIDGE DR. 9240 BONITA BEACH RD. |
| CITY-ST-ZIP | BONITA SPRINGS FL 34135 |
| TITLE | VP |
| NAME | REINERT, KIRT, A |
| STREET ADDRESS | 12500 HUNTERS RIDGE DR. |
| CITY-ST-ZIP | BONITA SPRINGS FL 34135 |
| TITLE | S |
| NAME | REINERT, PATRICK B |
| STREET ADDRESS | 12500 HUNTERS RIDGE |
| CITY-ST-ZIP | BONITA SPRINGS FL 34135 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 11 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | 400002819154--8 |
| 14 CITY-ST-ZIP | -03/26/99--01007--014 |
| 21 TITLE | ****150.00 ****150.00 |
| 22 NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 23 STREET ADDRESS | 9240 BONITA BEACH RD. STE. 1117 |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | 9240 BONITA BEACH RD. STE. 1117 |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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)(f), 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 attached filing an address, with all other like empowered

SIGNATURE: *[Handwritten Signature]*

3/11/99 (941) 947-9355

CR2E084 (11/98)