

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

FILED

Mar 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT

1997



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

DOCUMENT # **F20883**

(7)

1. Corporation Name

**COMPLEX TWO, INC.**

Principal Place of Business

Mailing Address

**200 S RIVERSIDE DR  
S302  
NEW SMYRNA BCH FL 32168  
US**

**PO BOX 894  
NEW SMYRNA BCH FL 32170-0894  
US**

3. Date Incorporated or Qualified  
**02/23/1981**

3a. Date of Last Report  
**06/20/1996**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number  
**59-2110901**

Applied For  
Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23. Zip

Country

28. Zip

Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24.

25.

29.

30.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEIBOLD, CHARLES R  
200 S RIVERSIDE DR  
S302  
NEW SMYRNA BCH FL 32168**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **SEIBOLD, CHARLES R**  
STREET ADDRESS **200 S RIVERSIDE DR S302**  
CITY-STATE-ZIP **NEW SMYRNA BCH, FL 00000**

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

12.2 NAME ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **PORTA, JAMES R**  
STREET ADDRESS **301 DESOTA DRIVE**  
CITY-STATE-ZIP **NEW SMYRNA BCH, FL 00000**

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

12.3 NAME ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME **SEIBOLD JR, C ROLLIN**  
STREET ADDRESS **91 CUNNINGHAM DRIVE**  
CITY-STATE-ZIP **NEW SMYRNA BEACH FL**

3.2 NAME **SEIBOLD JR, C. ROLLIN**  
3.3 STREET ADDRESS **91 CUNNINGHAM DRIVE**  
3.4 CITY-STATE-ZIP **NEW SMYRNA BEACH, FL 32168**

12.4 NAME ☐ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME **ECKHARD, F. WEISENBERGER**  
STREET ADDRESS **716 3RD AVE**  
CITY-STATE-ZIP **NEW SMYRNA BEACH, FL 32169**

4.2 NAME **ECKHARD, F. WEISENBERGER**  
4.3 STREET ADDRESS **716 3RD AVE**  
4.4 CITY-STATE-ZIP **NEW SMYRNA BEACH, FL 32169**

12.5 NAME ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

12.6 NAME ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do 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 on Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/4/97 (904) 428-5094**

CR2E034 (9/96)