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 # G34314

1. Corporation Name

C.I.D. INVESTMENT AND TRADING COMPANY, INC.

								 					
Principal Place of Business Mailing Address							'''	1611/1 0089 IIII EIEGS IIIGI			1 61617 6		
201 CRANDON BLVD APT 723 201 CRANDON BLVD APT													
KEY BISCAYNE FL 33149 KEY BISCA			EY BISCAYNE FL 33149	SCAYNE FL 33149				DO NOT WRITE IN THIS SPACE					
							3. Date Inc	corporated or Qualife	d				
							03/29	/1983				}	
2. Principal Place of Business			2a. Mailing Address				4. FEI Nur			<u> </u>	Apr	olied For	
31			26				59-22	87074			Not	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5 Certifca	te of Status Desired				dditional	
22			27				J. Certifica			F	ee Red	quired	
City & State			City & State					Campaign Financing	, 🗆	•		May Be	
23			28				und Contribution			dded to	Fees		
Zip	Zip Country		ı ' —		untry		1	poration owes the cu	rrent year into	~ /		□N.	
24	25	29		30				al Property Tax.	Danistored	Ye Agent		□No	
	9. Name and Address of Cur	rent Regis	itered Agent		81	Name	IU. Name a	and Address of New	Registered	Ayent			
SCH	nau, ingrid			ļ	۱,	INAME							
201 CRANDON BLVD #723			82			Street Ac	Address (P.O. Box Number is Not Acceptable)						
KEY BISCAYNE FL 33149					83	<u> </u>							
1161	DIOCATTLE 1 E GOTTO				03								
					84	City			FL	85	Zip C	Code	
11. Pursuant	to the provisions of Sections 607.0	0502 and 6	607.1508. Florida Statu	tes, the al	DOVE	e-named co	orporation submits	s this statement for th	e purpose of	chang	ing its	registered	
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Floric	da. Such change was a	authorized	bν	the corpora	ation's board of di	irectors. I hereby acc	ept the appoi	ntment	as reg	gistered	
SIGNATURE													
SIGNATORE	Signature, typed or printed name of registered	agent and title	if applicable. (NOT		Agen	it signature requ	uired when reinstating)		DATE		<u> </u>	DO IN 40	
12.	OFFICERS	AND DIRE		13.			ADDITIO	NS/CHANGES TO O	FFICERS AN			Addition	
TITLE	٧		☐ DELETE	1.1 TIT							nange	Addition	
NAME	SCHNAU, DAGMAR			1.2 NA								!	
STREET ADDRESS	I		•		1.3 STREET ADDRESS								
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TITLE	P		☐ DELETE	2.1 TIT							larige		
NAME	INGRID, SCHNAU			2.2 NA									
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TITLE	V		☐ DELETE	3.1 TIT							ia.igo		
NAME	SCHNAU, CLAUS ALFERD			3.2 NA									
STREET ADDRESS	201 CRANDON BLVD. #723	i				TADDRESS							
CITY-ST-ZIP	KEY BISCAYNE FL		☐ DELETE	3.4. CI		iT-ZIP				ПС	hange	Addition	
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NAME						TADDRESS							
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CITY-ST-ZIP			☐ DELETE	6.1 TII		1-2u				ПС	hange	Addition	
TITLE				6.2 NA							J	-	
NAME						T ADDRESS							
STREET ADDRESS													

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.

SIGNATURE:

CITY-ST-ZIP

May 10, 1999 8:00 am Secretary of State

05-10-1999 90205 021 ***150.00

CR2E034 (11/98)