

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

FILED  
Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90058 007 \*\*\*150.00

DOCUMENT # G45716

1. Corporation Name  
EDELWEISS IMPORTS, INC.



Principal Place of Business

5213 2ND RD  
#110  
LAKE WORTH FL 33467  
US

Mailing Address

5213 2ND RD  
#110  
LAKE WORTH FL 33467  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1983

4. FEI Number

59-2306691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 9056 TALWAY CIRCLE  
Suite, Apt. #, etc.

2a. Mailing Address

26 9056 TALWAY CIRCLE  
Suite, Apt. #, etc.

City & State

23 BOYNTON BEACH, FL

City & State

28 BOYNTON BEACH, FL

Zip

24 33437

Country

25 PB

Zip

29 33437

Country

30 PB

9. Name and Address of Current Registered Agent

ROBERT E. EGOLD  
5213 SECOND ROAD  
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name

Robert E. Egold

82 Street Address (P.O. Box Number is Not Acceptable)

9056 TALWAY CIRCLE

83

84 City BOYNTON BEACH

FL

85 Zip 33437

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME EGOLD, ROBERT E  
STREET ADDRESS 5213 2ND ROAD  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE VS ☐ DELETE

NAME EGOLD, HANNELORE  
STREET ADDRESS 5213 2ND ROAD  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert E. Egold, President 3/24/99 (561) 740-0947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25024 (11/98)

0355890