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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G72343** **(8)**

1. Corporation Name
HANSA MOLD, TOOL & DIE, INC.

Principal Place of Business
11430 TAMIAMI TRAIL E
POST PLAZA CTR. 567 ELKCAM CR
NAPLES FL 33962
US

Mailing Address
% WILLIAM D. KRAMER
POST PLAZA CTR. 567 ELKCAM CR
NAPLES FL 33937

3. Date Incorporated or Qualified: **12/01/1983**
3a. Date of Last Report: **02/16/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26): % WILLIAM D. KRAMER 950 N. COLLIER BLVD

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27): SUITE #301

City & State (23)
City & State (28): MARCO ISLAND, FL

Zip (24) / Country (25)
Zip (29): 33937 / Country (30): US

4. FEI Number: **59-2340839** ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

KRAMER, WILLIAM D.
POST PLAZA CTR
567 ELKCAM CR
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name: NO CHANGE
82 Street Address (P.O. Box Number is Not Acceptable): 950 N. COLLIER BLVD
83: SUITE #301
84 City: MARCO ISLAND **FL** 85 Zip Code: 33937

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 agent is a corporation. (NOTE: Registered Agent's signature is required when changed.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PAPENFUSS, HANS 11430 TAMIAMI TRAIL EAST NAPLES FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST PAPENFUSS, HANS 11430 TAMIAMI TRAIL EAST NAPLES FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PAPENFUSS, ERIK 11430 TAMIAMI TRAIL EAST NAPLES FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Hans Papenfuss HANS PAPENFUSS 4-19-96 941-775 9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT