

CORPORATION ANNUAL REPORT 1999



Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Jun 25, 1999 8:00 am Secretary of State

06-25-1999 90002 014 \*\*\*150.00 07-09-1999 90012 010 \*\*\*400.00

DOCUMENT # H33965

1. Corporation Name UEBERSEE-HANDELS GESELLSCHAFT, INC.

Principal Place of Business 1101 JOHN ANDERSON DR ORMOND BEACH FL 32176

Mailing Address 2101 JOHN ANDERSON DR ORMOND BEACH FL 32176



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1984

4. FEI Number

59-2473622

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 owes the current year Intangible Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPRINGER, CHRISTA 230 SEABREEZE BLVD. DAYTONA BEACH FL 32018

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE P 2. NAME RAINEY, CHRISTA 3. STREET ADDRESS 2101 JOHN ANDERSON DR 4. CITY-ST-ZIP ORMOND BEACH FL

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2. TITLE 2. NAME 2. STREET ADDRESS 2. CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3. TITLE 3. NAME 3. STREET ADDRESS 3. CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4. TITLE 4. NAME 4. STREET ADDRESS 4. CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5. TITLE 5. NAME 5. STREET ADDRESS 5. CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6. TITLE 6. NAME 6. STREET ADDRESS 6. CITY-ST-ZIP

6.1 TITLE 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:

SIGNATURE [Handwritten Signature]

6/20/99

904-444-4842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #