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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90092 028 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H76647

1. Corporation Name

EWV REAL ESTATE CORPORATION

Principal Place of Business

9025 BUGGY CREEK RD.
UNIT 4
ORLANDO FL 32824
US

Mailing Address

9025 BUGGY CREEK RD.
UNIT 4
ORLANDO FL 32824
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1985

4. FEI Number

59-2593293

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SPOON, JAMES M
215 N EDLA DR
BARNETT PLAZA, STE. 3700
ORLANDO FL 32802

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ECKES, PETER**
STREET ADDRESS **6501 NIEDER-OLM, LUDWIG**
CITY-ST-ZIP **ECKES ALLEE, GERMANY**

TITLE **D** ☐ DELETE
NAME **ECKES-CHANTRES, HARALD**
STREET ADDRESS **6501 NIEDER-OLM, LUDWIG**
CITY-ST-ZIP **ECKES ALLEE, GERMANY**

TITLE **PD** ☐ DELETE
NAME **BROSKA, DIETER**
STREET ADDRESS **6501 NIEDER-OLM, LUDWIG**
CITY-ST-ZIP **ECKES ALLEE, GERMANY**

TITLE **VST** ☐ DELETE
NAME **SEEFRIED, FERDINAND C**
STREET ADDRESS **10 N PKWY SQ 4200 NORTHSIDE PKWY, NW**
CITY-ST-ZIP **ATLANTA GA**

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

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99

404-233-0204

CR2E034 (11/98)