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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

<ol> <li>Corporation</li> </ol>	O ENTERPRISES & HOLDIN	IGS, INC.						
Principal Place	e of Business	Mailing Address				4 IMPERIA MINE BRIER IEBIN 12841 1980M Illi Azani	. #1811 #1811 BIBIT BI	<b>       </b>
4809 TÁRPON COURT CAPE CORAL FL 33904-9410		4813 TARPON CT CAPE CORAL FL 33904 US		DO NOT WRITE IN THI	S SPACE			
		US				3. Date incorporated or Qualifed 03/05/1986		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	App	olied For
21		26				<u>59-2327830</u>		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	1
22		27					Fee Re	<u>-</u>
City & State	е	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00   Added to	
Zip	Country	Zip	Co	ountry		8. This corporation owes the current year I		
24	25	29	30	,		Personal Property Tax.		□No
	9. Name and Address of Curren	<del></del>		Τ	-	10. Name and Address of New Registere	d Agent	
	MERMANN, FRANK			81	Name Street Add	dress (P.O. Box Number is Not Acceptable)		
4813 TARPON CT. CAPE CORAL FL 33904				\- <u></u>				
CAP	E CORAL FE 33904			83				
				84	City	F	85 Zip C	Code
		4500 51 14 0	U-1-1	4.4				registered
-11Pursuant- office or n agent. I al SIGNATURE	m familiar with, and accept the obliga	tions of, Section 607.0505	, Florida Sia	auutes.	· 	rporation.submits.this.statement for the purpose tition's board of directors. I hereby accept the app		registered gistered
agent. I a	m familiar with, and accept the obligation of the state o	tions of, Section 607.0505	, Florida Sia	ed Agent	· 	rporation submits this statement for the purpose tition's board of directors. I hereby accept the app	of changing its ointment as reg	
agent. I ai	m familiar with, and accept the obligation of the state o	nt and title if applicable.	(NOTE: Registere	ed Agent	· 	rporation submits this statement for the purpose tion's board of directors. I hereby accept the appoint of the directors of the purpose that the purpose itself the purpose of the purpose that the purpose of the purpo	of changing its ointment as reg	
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agent, I all SIGNATURE  12. TITLE NAME	in familiar with, and accept the obligation of fregistered ager OFFICERS AN D TIMMERMANN, KLAUS	nt and title if applicable.  ID DIRECTORS  DELET	(NOTE: Registere 1.11 1.21 1.3 5 1.4 6	ed Agent  TITLE  NAME	signature requi	rporation submits this statement for the purpose tion's board of directors. I hereby accept the appoint of the directors of the appoint	of changing its ointment as reg	RS IN 12
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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 of an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS