

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 7:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J03457** (5)
1. Corporation Name
SOUTH FLORIDA IMMOBILIEN, INC.

Principal Place of Business Mailing Address
318 TAMAMI TRAIL, SUITE 16 **318 TAMAMI TRAIL, SUITE 16**
PUNTA GORDA FL 33960 **PUNTA GORDA FL 33960**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/12/1986** 3a. Date of Last Report **02/07/1994**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2766015** Applied For
21 **26** Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Statup Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

JOVANOVIC, DOUGLAS
888 SE 3RD AVE STE 400
315 SE 7TH ST.
FT. LAUDERDALE FL 33316

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUPP, STEPHAN	1.2 NAME	
STREET ADDRESS	318 TAMAMI TRAIL #16	1.3 STREET ADDRESS	
CITY - ST - ZIP	PUNTA GORDA FL	1.4 CITY - ST - ZIP	
TITLE	VPS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUPP, RUTH	2.2 NAME	
STREET ADDRESS	318 TAMAMI TRAIL, #16	2.3 STREET ADDRESS	
CITY - ST - ZIP	PUNTA GORDA FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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: Stephan Rupp Date: 4-20-95 Daytona Beach # 813-675-1188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR