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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



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

1996 J03457 **DOCUMENT #**

(5)

SOUTH FLORIDA IMMOBILIEN, INC.

FILED Apr 16 1996 8:00 am Secretary of State



(941) 575-1188

Principal Place of Business 318 TAMIAMI TRAIL. SUITE 16 PUNTA GORDA FL 33950		Mailing Address	Mailing Address 318 TAMIAMI TRAIL. SUITE 16 PUNTA GORDA FL 33950		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
				3. Date Incorporated or Qualified 03/12/1986	3a. Date of Last Report 04/26/1995	
	flace of Business	2a. Mailing Address		4. FEI Number 59-2766015	Applied For	
Suite Ant	# etc	Suite, Apt. #, etc.		39-2700013	Not Applicable	
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	28 Zp	Country	Trust Fund Contribution	Added to Fees	
24	25	29	30	8. This corporation has liability for i		
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New R	- 44	
			81 Name	same name		
JOVANOVIC, DOUGLAS			82 Street	Address (P.O. Box Number is Not Acceptab	(a)	
888 SE 3RD AVE STE 400			1 1	888-S.E3rd-Avenue	10)	
	71H-8T.		1831	Suite 400		
FT. LAI	UDERDALE FL 33316		84 City	Suite 400	or Zo Codo	
				Fort Lauderdale	FL 85 Z 33316	
or registe familiar wi	to the provisions of Sections 607.050 red agent, or both, in the State of Flo ith, and accept the obligations of, Sec	02 and 607.1508, Florida Statut rida. Such change was authoriz ction 607.0505, Florida Statute	es, the above-named conditional design of the corporation's	prporation submits this statement for the pur board of directors. I hereby accept the appo	pose of changing its registered office bintment as registered agent. I am	
SIGNATURE		\sim ν	Douglas Jovan	novic (04-11-96	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI		
TITLE	्राष्ट्र	DELEIE	1. 1 T(ILE	DPS	Change Addition	
NAME	RUPP, STEPHAN		1.2 NAME	RUPP, STEPHAN	101	
STREET ADDRESS	318 TAMIAMLTRAIL #16		1.3 STREET ADDRESS	318 TAMIAMI TRAIL #16		
CITY-ST-7IP	PUNTA GORDA FL		1 4 CITY - \$T - ZIP	PUNTA GORDA, FL 33950		
THLE	VPS	DELETE	2 1 TITLE	DT	Change Addition	
NAME	RUPP, RUTH		2.2 NAME	RUPP, RUTH		
STREET ADDRESS	318 TAMHAMI TRAIL, #16		23 STREET ADDRESS	318 TAMIAMI TRAIL, #16		
CITY - ST-ZIP	PUNTA GORDA FL		2.4 CITY - ST - ZIP	PUNTA GORDA, FL 33950		
TITLE		☐ DELETE	3 1 TITLE	DVP	Change XX Addition	
NAME			3 2 NAME	FALTERBAUER, HARRY		
STREET ADDRESS			3.3. STREET ADDRESS	318 TAMIAMI TRAIL, #16		
CITY-ST-ZIP	<u> </u>	The same	3.4 CITY - ST - 7IP	PUNTA GORDA, FL 33950		
TITLE		☐ DELETE	4.1 TITLE	, 	Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>	רו הנונזנ	4.4 CITY - ST- ZIP		[] Change [] 44200	
HILE NAMES		☐ DELETE	5. 1 TITLE		Change Addition	
NAME CAUTE LANDRAGE			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIF TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6 1 TITLE		Change Addition	
NAME		[Decemb	6.2 NAME		El suguide El Modition	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-SI-ZIP			6.4 CHY-ST-ZIP			
14. I do hereb	by certify that the information supplied	with this filing is voluntarily furn	ished and does not qua	lify for the exemption stated in Section 119.0	07(3)(k), Florida Statutes, I further	
certify that oath; that	t the information indicated on this and	nual report or supplemental ann poration or the receiver or truste	ual report is true and ac e empowered to execute	cúrate and that my signature shall have the s e this report as required by Chapter 607, Flo	same legal effect as if made under	
CICNIAT	UDF.	S'	LEPHAN BIIDD	President 04-11 06 (0/1) 575 1100	

STEPHAN RUPP, President 04-11-96

TINTED NAME OF SIGNING OFFICER OR DIRECTOR