## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** May 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra S. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5)J03457 SOUTH FLORIDA IMMOBILIEN, INC. Principal Place of Business Mailing Address 318 TAMIAMI TRAIL SUITE 16 318 TAMIAMI TRAIL. SUITE 16 PUNTA GORBA FL 33950 PUNTA-BORDA FL 33950 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 03/12/1986 2. Principal Place of Business 2a. Mailing Address Applied For 888 SE 3RD AVE 26 888 SE 3RD AVG 59-2766015 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 28 77 Lounkrolak 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOVANOVIC, DOUGLAS 888 SE 3RD AVE STE 400 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 400** 83 FT. LAUDERDALE FL 33316 City 84 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 registrated agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition RUPP. STEPHAN NAME 1.2 NAME RUPP STEPHAN 318 FAMIAMI TRAIL #16 STREET ADDRESS 1.3 STREET ADDRESS 288 Imparial la PUNTA GORDA FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change \_\_\_ Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADORESS STREET ADDRESS CITY-ST-2IP 5.4 CITY - ST - ZIP TITLE ☐ DELETE 61 TITLE Change Addition

14. Thereby 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. INCOME. SIGNATURE

6.2 NAME

6 3 STREET ADDRESS 6.4 CITY - ST - ZIP