

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 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J28948

(4)

1. Corporation Name

HANSEATIC, INC.

Principal Place of Business

C/O FREDSTROM & ASSOCIATES
9853 TAMiami TRAIL, SUITE 225
NAPLES FL 33963
US

Mailing Address

% BOND SCHOENECK & KING
1167 THIRD STREET
NAPLES FL 33940-7056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2726114

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 has liability for intangible tax under S. 119.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt # etc.

State Apt # etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REHFELDT, UWE
1922 IMPERIAL GOLF COURSE BLVD.
4085 9TH ST., N. B105
NAPLES FL 33942

81. Name

David N. Sexton, Esq.

82. Street Address (P.O. Box Number is Not Acceptable)

Bond, Schoeneck & King, P.A.

83.

1167 Third Street South, Suite 107

84. City

Naples

FL

85. Zip Code

33940

11. Pursuant to the provisions of Sections 607.0612 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 the registered agent under Florida Statutes.

SIGNATURE

David N. Sexton

5-1-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS by 1/

1. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
DPT
REHFELDT, UWE
1922 IMPERIAL GOLF COURSE BLVD.
NAPLES FL

1. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
President/Secretary/Treasurer
Manfred A. Tikal, Q.C.
176 St. George Street
Toronto, Ontario CANADA M5R 2N2

2. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
DV
REHFELDT, GISELA
1922 IMPERIAL GOLF COURSE BLVD.
NAPLES FL

2. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
Change Addition

3. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
PT
MEYER, NICOLA C.
1922 IMPERIAL GOLF COURSE BLVD.
NAPLES FL

3. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
Change Addition

4. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

4. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
Assistant Secretary
David N. Sexton, Esq.
1167 Third Street South, Suite 107
Naples, FL 33940

5. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

5. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
Change Addition

6. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

6. TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
Change Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.031(4)(b), Florida Statutes. I further certify that the information included 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 119, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR

Manfred A. Tikal

5-1-95

System 11/94