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

SIGNATURE

FLORIDA DEPARTMENT OF STATE CORPORATION AMENDMENT TO MAY, 1996 PROFIT Sandra B. Mortham ANNUAL REPORT CORPORATION ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # J28948 Corporation Name HANSEATIC, INC. Principal Place of Business Mailing Address C/O FREDSTROM & ASSOCIATES C/O BOND, SCHOENECK & KING 9853 TAMIAMI TRAIL, SUITE 225 1167 THIRD STREET S. NAPLES, FL 33963 NAPLES, FL 33940-7056 3. Date incorporated or Qualified 3a. Date of Last Report 08/04/1986 <u>05/01/1996</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2726114 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζıp Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DAVID N. SEXTON, ESQ. BOND, SCHOENECK & KING, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 1167 THIRD STREET SOUTH, SUITE 107 B3 NAPLES, FL 33940 City 85 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 afficient with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or privide namic of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (12/95) 13. TITLE DELETE P/V/S/T/D 1. 1 TITLE X Change Addition NAME MANFRED A. TIKAL, Q.C. MANFRED A. TIKAL, Q.C. 1.2 NAME STREET ADDRESS 176 ST. GEORGE ST 13 STREET ADDRESS 176 ST. GEORGE ST CITY-ST-ZIP TORONTO ON 1.4 C-TY-ST-ZIP TORONTO ON TITLE IX1 DELETE 2 1 THLE ☐ Addition NAME REHFELDT, GISELA 2.2 NAME STREET ADDRESS 1922 IMPERIAL GOLF COURSE BLVD. 2.3 STREET ADDRESS CITY - ST - ZIP NAPLES, FL 24 CITY - ST - ZIP DELETE 3 1 1111 F ☐ Change Addition NAME MEYER, NICOLA C. 3.2 NAME STREET ADDRESS 1922 IMPERIAL GOLF COURSE BLVD. 3.3 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 3 4 CITY - S1 - 2IP TITLE 4. 1 TITLE Change Change Addition DAVID N. SEXTON, ESQ. NAME 4.2 NAME 1167 THIRD STREET SOUTH, SUITE 107 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 4.4 CITY - ST - 7IP THILE DELETE 5 1 TITLE Change ☐ Addition NAME 5.2 NAME 300001854713 -06/07/96--01006--023 STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5 4 CiTY - ST - ZiP **61<u>-25</u> TITLE DELETE 6. 1 TITLE Addition Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7IP 64 CITY - ST-ZIP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appears in Block 12 or Block 13 if changed, or or an atlachment with an address.

Daytime Priore #

HE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR