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FILED  
Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J82294 (6)

1. Corporation Name  
LAGUNCORNER, INC.

Principal Place of Business

C/O ANKE BACKER  
2200 LEE ROAD  
WINTER PARK FL 32789

Mailing Address

C/O ANKE BACKER  
2200 LEE ROAD  
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1950 Summit Park Dr.  
Suite, Apt. # 300

22 City & State  
Orlando, FL

23 Zip 32810 Country USA

2a. Mailing Address

26 1950 Summit Park Dr.  
Suite, Apt. # 300

27 City & State  
Orlando, FL

28 Zip 32810 Country USA

3. Date Incorporated or Qualified

07/09/1987

4. FEI Number

59-2846689

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BACKER, ANKE  
2200 LEE ROAD  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

BACKER, ANKE

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

1950 Summit Park Drive

83

Suite 300

84 City

Orlando

FL

85 Zip Code  
32810

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 registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstalling)

1/12/98

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
0  
HUBER, PIUS  
GENERAL GUIBAN-QUAI 34  
ZURICH, SWITZERLAND CH-8002

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby 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 supplement, if any, 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 registered agent 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0177802

CR2E034 (10/97)