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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # J84853



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 08, 1999 8:00 am Secretary of State

05-08-1999 90063 015 ***150.00

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FLORIDA TRUST & INVESTMENT CORP. Mailing Address Principal Place of Business 6371-4 PRESIDENTIAL CT 2503 LAKE VIEW DR LEHIGH ACRES FL 33936 FORT MYERS FL 33919 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/29/1987 4 FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0009121 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added-to-Fees-~Trust Fund Contribution~ - -23 28 Country 8. This corporation owes the current year Intangible Country Zip Zip Personal Property Tax. 25 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent JESSEN. ANDREW G Street Address (P.O. Box Number is Not Acceptable) 6371-4 PRESIDENTIAL CT FT MYERS FL 33919 83 Zip Code 84 City 85 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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE Change ☐ Addition 1.1 TITLE TITLE 1.2 NAME SILBERKUHL, BERNHARD NAME 6371-4 PRESIDENTIAL CT 1.3 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33919 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE TITLE 3.1 TITLE 32 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP □ DELETE □1 Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-Z/P 61 TITLE Change ☐ Addition □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 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, with all other like empowered.

SIGNATURE:

April 20. 1999
Date Daytime Phone #

CR2E034