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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J98368**

(0)

CIBANA CORNER, INC.

FILED Apr 16 1998 8:00am Secretary of State



					HIRIT SIGN GALLE BIRIT HIRIT PRAI
Principal Place of Business Mailing Address				- 1 1001110 8110 1870) 10100 31170 8170) 1031 81011 1	THE FLORE CONTRACT STATE OF THE FOREIT
BACKER, ANKE 20M-LEE-OFFIGE-OFFI-2000-LEE-RD- WINTER-PARK-PL-32789 US		BACKER, ANKE BOM-LEE OFFICE CTR. 2269 LEE RD WINTER PARK FL 32789 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/21/1987	
	lace of Business Summit Park Drive	2a. Mailing Address 26 1950 Summit	Park Drive	4. FEI Number 59-2862450	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
	e 300	27 Suite 300		5. Certificate of Status Desired	Fee Required
23	ndo, FL	City & State Orlando, FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 32810	Country USA	Z ₁ ρ 32810	Country USA	8. This corporation owes or has paid the	<u> </u>
3281	9, Name and Address of Current	[49]	30 USA	Personal Property Tax due June 30.	☐ Yes ☐ No
	MLEE OFFICE CENTER		81 Name BACKER	, ANKE	
2209-LEE-RD-			82 Street Addre	ss (P.O. Box Number is Not Acceptable) Summit Park Drive	
WINTER PARK-FL -92769			83 Suite		
			84 City		7: 0:1:
			Orland		L 85 Zip Code 32810
11. Pursuant to the provisions of Sections 607-6502 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.					
agent. I am familiar with and accept the obligators of Fection 607.0505, Florida Statutes.					
SIGNATURE	_ / wew	Anke Bac	cker	1/8/	'98
12.	Signature typed or printed name of registered agent		Registered Agent signature required		
TITLE	D	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	DEKKER, PETER		1.2 NAME		C orongo C sourion
STREET ADDRESS	POSTBUS 19720, 1000 CS		1.3 STREET ADDRESS		9
City-St-ZiP	AMSTERDAM, N.A.		1.4 CITY-ST-ZIP	·	
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		7 17 b	2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADORESS		
CITY-ST-ZIP			3.4. CITY+ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS CITY+ST-ZIP			4.3 STREET ADDRESS		
TITLE		DELETE	4.4 CiTY-ST-ZIP		Change Addition
NAME		OLLLIE	5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS		/	5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP		//	5.4 CITY-ST-ZIP		
TITLE		DELETE	5.4 CHT-51-ZIP		Change Addition
NAME		H_{-}	6.2 NAME		
STREET ADDRESS		V	6.3 STREET ADDRESS		
CITY - ST - ZIP		1	6.4 CITY-ST-ZIP		
	ertify that the information surrolled with	h this filing does not qualify for		option 110 07/3Vi) Florido Ctot dos 15	

Interest certify that the information supplied with this filing does not quality 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.

SIGNATURE:

DENKER PETER

31.20.5077500