

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90104 024 ***150.00

DOCUMENT # K43878

1. Corporation Name

LEHIGH INTERNATIONAL MARKETING, INC.



Principal Place of Business

~~501 CONSTRUCTION LANE~~
POST OFFICE BOX 687
LEHIGH ACRES FL 33936
US

Mailing Address

~~501 CONSTRUCTION LANE~~
POST OFFICE BOX 687
LEHIGH ACRES FL 33936
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1988

4. FEI Number

65-0221796

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

420 LEE BLVD.

2a. Mailing Address

P.O. BOX 687

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEHIGH ACRES

City & State

LEHIGH ACRES

Zip Country

33936

25

Zip Country

33970

30

FL.

9. Name and Address of Current Registered Agent

LORENZ, SIEGFRIED
501 CONSTRUCTION LANE
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

81 Name

LORENZ, SIEGFRIED

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

420 LEE BLVD.

83

84 City

LEHIGH ACRES

FL

85 Zip Code

33936

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **STERR, KARL**
STREET ADDRESS **421 MCKINLEY AVE**
CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE **TS** ☐ DELETE

NAME **STERR, INGEBORG**
STREET ADDRESS **421 MCKINLEY AVE**
CITY-ST-ZIP **LEHIGH ACRES FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99

Date

Daytime Phone #

CR2E034 (11/98)