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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L92708

(1)

1. Corporation Name:

RELAX-WOS COMPANY



Principal Place of Business

Mailing Address

C/O DON SCHIEFFER, CPA
10011 TAMiami TR N
NAPLES FL 33960

C/O DON SCHIEFFER, CPA
10011 TAMiami TR N
NAPLES FL 34108-1910

3. Date Incorporated or Qualified

08/13/1990

3a. Date of Last Report

01/23/1996

4. FEI Number

65-0210007

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 878 109th Ave N Ste 1

26 878 109th Ave N Ste 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Naples FL

City & State

28 Naples

Zip

24 34108

Country

25 Collier

Zip

29 FL 34108

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAULICH, JOHN III
3401 TAMiami TR N
SUITE 207
NAPLES FL 33940

81 Name

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

83

84 City

FL

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D
JANESKI, STAVRE
STREET ADDRESS D-8858 NEUBURG/DO
CITY-ST-ZIP GERMANY

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D
JANESKA, VASE
STREET ADDRESS D-8858 NEUBURG/DO
CITY-ST-ZIP GERMANY

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME T
SCHIEFER, DONALD
STREET ADDRESS 10641 N. TAMiami TRAIL 878 109TH AVE. N.
CITY-ST-ZIP NAPLES FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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

SIGNATURE:

Donald I. Schiefer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD I. SCHIEFER

Date

(941) 597-1281

Daytime Phone #

CR2E034 (9/96)