

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002398 (5)

1. Corporation Name

HAFENKAPELLE, INC.



Principal Place of Business

Mailing Address

~~15320 MOONRAKER COURT
FT MYERS FL 33917~~

**UWE Kellner
2313 S.W. 50th Terr.**

~~15320 MOONRAKER COURT
FT MYERS FL 33917~~

**UWE Kellner
2313 S.W. 50th Terr.
Cape Coral, FL
33914**

3. Date Incorporated or Qualified
05/10/1994

3a. Date of Last Report
06/15/1995

2. Principal Place of Business

2a. Mailing Address

21 2313 S.W. 50th Terr.

26 2313 S.W. 50th Terr.

4. FEI Number
65-0461806

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Cape Coral, FL

28 Cape, Coral, FL

Zip Country

Zip Country

24 33914

25 Lee

29 33914

30 Lee

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KELLNER, UWE
2313 SW 50 TERR
CAPE CORAL FL 33914**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title 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 **PD KELLNER, UWE**
STREET ADDRESS **2313 SW 50 TERR**
CITY-ST-ZIP **CAPE CORAL FL 33914**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD OOSTING, ARTHUR**
STREET ADDRESS **2023 SE 10 LANE**
CITY-ST-ZIP **CAPE CORAL FL 33990**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **STD BORUTZKI, PATRICIA**
STREET ADDRESS **15320 MOONRAKER CT #209**
CITY-ST-ZIP **NORTH FT MYERS FL 33917**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, 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 #

Michael D. Kellner 5/2/96

941-334-8868

CR2E037 (12/95)