FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P9300006871 (6)

EIKLE SERVICES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

% 3204 SE 10TH STREET POMPANO BEACH FL 33062 % 3204 SE 10TH STREET POMPANO BEACH FL 33062



					3. Date Incorporated or Qualified 01/28/1993	3a. Date of Last Repo 05/01/199	- 1	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	└	plied For		
21		26		65-0384 183	65-0384183 Not Applica			
Suite, Apt. #	, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		Orty & State	F1		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29]	Country 30			8. This corporation has liability for intangible tax under s 199 032, Florida Statutes X Yes □ No No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New F	Registered Agent		
			81	Name				
EISENRING, ELISABETH % CORAL REEF RESORT				Street A	Address (P.O. Box Number is Not Acceptable)			
3204 SE 10TH STREET			83	83				
POMPANO BEACH FL 33062				City	85 Zip Code			
			84			FL s z p C	route	
or registere familiar with SIGNATURE	o the provisions of Sections 607,0502, diagent, or both, in the State of Floric h, and accept the obligations of, Sections, and accept the obligations of sustainable of the section of the state of the section of t	la: Such change was authoriz on 607.0605. Florida Statutes	ed by the con	noration's	rporal on submits this statement for the publication of directors. I hereby accept the app	rpose of changing its regionintment as registered ag	stered office jent. I am	
12.	OFFICERS AND	Parameter	13.	"if Signal" after to	ADDITIONS/CHANGES TO OFF		2 181 10	
TIFLE	P	DELETE	1 1 1 1 II E	T	ADDITIONS CHANGES TO GAT		Addition	
NAME	EISENRING, OTTO		1.2 NAME		OHO A. Eisenelya	Z O lange		
STREET ADDRESS	3201 N.E. 5TH COURT			LADORESS	046 A. Eikenrlug 1200 N.E. 28th Avenu	e		
C(TY-ST-ZIP	DOMONIO DEACH EL		1.4 CHY-		POMPANO BEACH, FL			
TITLE	S	☐ DELETE	2 1 TITLE		TATION SCHOOL IC	Criange [Addition	
NAME	KLECK, R. KATHARINA		2.2 NAME				_	
STREET ADDRESS	1 1 · · · · · · · · · · · · · · · · · ·		2.3 STREE	LADORESS				
CITY-ST-ZIP	POMPANO BEACH FL		2.4.CiTY+ST-ZiP					
TITLE		☐ DELETE	3 1 TITLE			Change [Add-tion	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	-T ADDRESS				
CITY-ST-ZIP			3.4 CITY -	ST-ZIP				
TITLE		DELETE	4 1 THT_E			Change [Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREE	LADDRESS				
CITY-ST-ZIF			4.4.CITY -	Sf ZIP				
TITLE	_		. 5 1 TITLE		Change Addition			
NAME			5.2 NAME					
STREET ADDRESS			1	I ADDRESS				
CITY-ST-ZIP		fin be tre	5.4 CiTy - :	ST ZIP			- N. 1.27	
TITLE		DELETE	6 1 Ti7LE			Change [Addition:	
NAMÉ			6.2 NAME					
STREET ADDRESS				ADDRESS				
CITY - S1 - ZIP			6.4 CITY	S1 - ZIP				

Loo riereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE:

April 26, 1996 (954) 781-9211