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

FILED
May 26, 2000 8:00 am
Secretary of State
05-26-2000 90054 001 *****8.75
05-26-2000 90054 002 ***150.00

DOCUMENT # **P93000009380 (5)**

1. Corporation Name
GERMAN AMERICAN TRAVEL SERVICE, INC.

Principal Place of Business	Mailing Address
~~2868 D RINGLING BLVD.~~	~~2868 D RINGLING BLVD.~~
SARASOTA FL 34237	SARASOTA FL 34237
US	US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1993

2. Principal Place of Business	2a. Mailing Address
1	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
2 2868 Ringling Blvd	27 2868 Ringling Blvd.
City & State	City & State
3	28
Zip / Country	Zip / Country
4 / 25	29 / 30

4. FEI Number: 65-0394330 ☐ 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 or has paid the current year intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

GEISELER, HARRY
1310 GEORGETOWNE CIR
SARASOTA FL 34232

10. **Name and Address of New Registered Agent**

81 Name: Ralf Dieter Starkmann
82 Street Address (P.O. Box Number is Not Acceptable): 2015 8th Terrace S.E.
83
84 City: Winter Haven FL 85 Zip Code: 33880

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: RALF-DIETER STARKMANN DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GEISELER, HARRY	1.2 NAME	
STREET ADDRESS	1310 GEORGETOWNE CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	1.4 CITY-ST-ZIP	
TITLE	DVS ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HILDEGARD, BARBEL	2.2 NAME	
STREET ADDRESS	1310 GEORGETOWNE CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Ralf-Dieter Starkmann	3.2 NAME	
STREET ADDRESS	2015 8th Terrace S.E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Winter Haven FL 33880	3.4 CITY-ST-ZIP	
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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15. 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.

SIGNATURE: 11.01.98
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone # 0455319