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

FILED Feb 10 1997 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P93000036620 (1) PROPERTY CONSULTANTS INDIVIDUAL, INC. Principal Place of Business Maiting Address %G. GROTHE %G. GROTHE 1022 S.E. 30TH STREET CAPE CORAL FL 33904-3929 1022 S.E. 30TH STREET CAPE CORAL FL 33904 3. Date Incorporated or Qualified 3a. Date of Last Report 05/17/1993 03/06/1996 2. Principal Place of Business 4. FÉI Number 2a. Mailing Address Applied For 65-0418396 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Euro-American Consulting, Inc. LANGEN, CHRISTOPHER ESQ. 112 SOUTH HIBISCUS ISLAND Street Address (P.O. Box Number is Not Acceptable)
4001 Tamiami Trail North 82 MIAM! FL 33139-5130 83 Suite 265 84 Cily 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 wodens Rainer N. Filthaut, President DAL 2/3/97 Signature, typed or purited name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6)TITLE DELETE 1.1 1000 GROTHE, GISELA 1.2 NAME NAME STREET ADDRESS 1022 SE 30TH STREET 1.3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 1.4 C(1Y+S1-Z(P Change DELETE Addition TITLE 21 111LE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CiTY - S1- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 11TLF NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-S1-7IP CITY-ST-ZIP DELETE Addition ☐ Change 4.1 TIME TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 City - St - ZiP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 C!TY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 6.1 TITLE 6.2 NAME

6.3 STREET ADDRESS

643-1131

6.4 CHY- 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 Statutos. 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 eath; 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.

STREET ADDRESS

SIGNATURE: