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

PROFIT CORPORATION ANNUAL REPORT 1999

LANIG-RELAX COMPANY



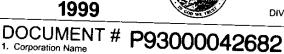
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90125 002 ***150.00



Principal P	ace of Business	No. 10				- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	IVE N STE 1 IVE STE 1	Mailing Address 978 109TH AVE N STE 1 878 109TH AVE N STE 1 NAPLES FL 34108	8 109TH AVE N STE 1 8 109TH AVE N STE 1 NPLES FL 34108)((#) 10)(# <u>110) (1</u>	IJ
		US				DO NOT WRITE IN T 3. Date Incorporated or Qualified	HIS SPACE		— ₁
. Principal	Place of Business	2a. Mailing Address				06/16/1993			
Suite, Apt. #, etc.						4. FEI Number 65-0426549	⊢	Applied For	\Box
Suite, Apt. #, etc.						F 0-4%	\$9.71	Not Applicab Additional	le
City & State City & State						5. Certifcate of Status Desired		≀ Additional Required—-	_ _
		28				6. Election Campaign Financing	\$5.0	0 May Be	$\overline{\cdot}$
Zip	Country	Zip	Cou	untry		Trust I and Continbution	Adde	d to Fees	_
	25 9. Name and Address of Curren	29	30			 This corporation owes the current year Personal Property Tax. 	Intangible Yes	⊠ No	
		t Registered Agent		81 Nar		10. Name and Address of New Registere	ed Agent	EXTINO	\dashv
	IN PAULICH III			81 Nar	ne				\dashv
801 ANCHOR RODE DR STE 203				82 Street Address (P.O. Box Number is Not Acceptable)					\dashv
	PLES FL 34103			83		<u> </u>	 		_
	-50 / 2 0 7 700			84 City			_		ĺ
. Pursuani	to the provisions of Sections 607 0503	and 607 1500 Ft. 1		,		F		Code	7
office or agent. I a	registered agent, or both, in the State of the philosetered agent, and accept the philosetered agent accept the philosetered accept the philosetered agent accept the philosetered a	f Florida. Such change was a	es, the at uthorized	bove-name by the co	ed corpora	tion submits this statement for the purpose to board of directors. I hereby accept the app	of changing it	s registered	4
SNATURE			rida Statu	ites.		accept the app	ointment as ri	egistered	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered /	Agent signatur	re required wh	en reinstating) DATE			
	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIDECT	DD0 IN 40	- ĝ
· .	LANIG, KARL-HEINZ	☐ DELETE	L DELETE 1.1 m				☐ Change	Addition	1 5
ET ADDRESS	FISCHERGASSE 232, 8858 NEUBURG/DONAU GERMANY		1.2 NAME				_ •	_	1 -
ST-ZIP			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		s				F034
ļ	T	☐ DELETE	2.1 T/TL						_ Շ
ET ADDRESS	DONALD I SCHIEFER		2.2 NAM	(E			Change	☐ Addition	1 0
ET ADDRESS ST-ZIP	878 109TH AVE N STE 1 NAPLES FL 34108		2.3 STR	EET ADDRESS	3	<u> </u>	•		1
-	10 1 E 34 100	— — — — — — — — — — — — — — — — — — —		Y-ST-ZIP					1
1		☐ DELETE	3.1 TITLE				Change	Addition	1
T ADDRESS			3.2 NAMI	_					
ST-ZIP			3.4, CITY	ET ADDRESS	il				ł
}		☐ DELETE	4.1 TITLE		 				
T ADDRESS			4. 2 NAME	E			Change	☐ Addition	
T-ZIP			4.3 STRE	ET ADDRESS	ł				
\uparrow		☐ DELETE	4.4 CITY-					ı	1
		C) DECETE	5.1 TITLE 5.2 NAME				Change	Addition	
ADDRESS				T ADDRESS			,	j	
-ZIP			5.4 CITY- S	- 1				-	
		☐ DELETE	6.1 TITLE				-		
ADDRESS			6.2 NAME				Change	☐ Addition	
-ZIP			6.3 STREE	TADDRESS				}	ĺ

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 dicated 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 lock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.