FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000056101

1. Corporation Name
FLOMA CORPORATION

Principal Place of Business / Mailing Address
2340 PERIWINKLE WAY, SUITE J-3
SANIBEL ISLAND, FL 33957

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 8/10/93
3a. Date of Last Report: 4/30/94

2. Principal Place of Business
21 BATAVERWEG 26
Suite, Apt. #, etc. 22
City & State 23: 22455 HAMBURG
Zip 24:
Country 25: GERMANY

2a. Mailing Address
26 8211 COLLEGE PARKWAY
Suite, Apt. #, etc. 27
City & State 28: FORT MYERS, FL
Zip 29: 33919
Country 30: USA

4. FEI Number: 65-0428925 ☐ 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

9. Name and Address of Current Registered Agent

ROBERT A. RATLIFF, III
2340 PERIWINKLE WAY, SUITE J-3
SANIBEL ISLAND, FL 33957

10. Name and Address of New Registered Agent

81 Name: THOMAS L. CARNAHAN
82 Street Address (P.O. Box Number is Not Acceptable): 8211 COLLEGE PARKWAY
83
84 City: FORT MYERS FL 85 Zip Code: 33919

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: [signature] 4/27/95
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	PRESIDENT/TREASURER	1.1 TITLE	☐ Change ☐ Addition
NAME	JURGEN COLBERG	1.2 NAME	
STREET ADDRESS	BATAVERWEG 26	1.3 STREET ADDRESS	
CITY-ST-ZIP	22455 HAMBURG, GERMANY	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT/SECRETARY	2.1 TITLE	900001490459 ion
NAME	INGRID COLBERG	2.2 NAME	-05/17/95--01038--024
STREET ADDRESS	BATAVERWEG 26	2.3 STREET ADDRESS	****225.00 ****225.00
CITY-ST-ZIP	22455 HAMBURG, GERMANY	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: J. Colberg 5-04-95 01149-40-5519300
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Ingrid Colberg) Date Daytime Phone #