


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0125700

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **P93000066601 (4)**

1. Corporation Name

VIA-CON FINANZ & CONSULTING CO.

Principal Place of Business

27280 LAKEWAY CT.
BONITA SPRINGS FL 33923

Mailing Address

NORDENDSTRASSE 20
13156 BERLIN, GERMANY
QC

FILED

98 NOV -2 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1993

4. FEI Number

65-0490608

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

KALEYTA Haus

82 Street Address (P.O. Box Number is Not Acceptable)

27280 Lakeway Court

83

84 City

Bonita Springs

FL

85 Zip Code

33923

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Kaleyta Haus 10-23-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LABRENZ, ANDREAS	1.2 NAME	
STREET ADDRESS	27280 LAKEWAY CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	VSD
NAME	KALEYTA, HANS	2.2 NAME	KALEYTA Haus
STREET ADDRESS	27280 LAKEWAY CT	2.3 STREET ADDRESS	27280 Lakeway Court
CITY-ST-ZIP	BONITA SPRINGS FL 33923	2.4 CITY-ST-ZIP	Bonita Springs, FL 33923
TITLE	VD	3.1 TITLE	PTD
NAME	KALEYTA, DOMENICO	3.2 NAME	KALEYTA, Domenico
STREET ADDRESS	27280 LAKEWAY COURT	3.3 STREET ADDRESS	27280 Lakeway Court
CITY-ST-ZIP	BONITA SPRINGS FL 33923	3.4 CITY-ST-ZIP	Bonita Springs, FL 33923
TITLE	TD	4.1 TITLE	
NAME	BEUG, MICHAEL	4.2 NAME	
STREET ADDRESS	27280 LAKEWAY COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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:

SIGNATURE *Kaleyta Haus*

09-28-98

941-9921518

CR2E034 (5/98)