

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/9/98: \$225 (IF CURRENT FEE, DISMISSAL AMOUNT DUE TO RESTATE: \$875)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:24

DOCUMENT # P94000001661 (5)

1. Corporation Name

V.I.P. MARKETING CORP.

Principal Place of Business

**404 COLUMBUS AVE
 LEHIGH ACRES FL 33008
 US**

Mailing Address

**517 COLUMBUS AVE.
 LEHIGH ACRES FL 33008
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/30/1993

3a. Date of Last Report
03/15/1994

4. Fed Number
65-0465462

Accepted 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

2. Principal Place of Business
21 5513 SW 8th Street

2a. Mailing Address
26 5513 SW 8th Street

State, Apt. #, etc

State, Apt. #, etc

City & State

City & State

23 Lehigh Acres, FL

28 Lehigh Acres, FL

Zip

Country

Zip

Country

24 33971

25 US

29 33971

30 US

9. Name and Address of Current Registered Agent

**GUDRUN M. NICKEL, P.A.
 350 FIFTH AVE. SOUTH, #200
 NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

(Agent or Agent or (Typed name of registered agent and title if applicable)

(Typed Registered Agent signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE
DPST
 NAME
LANGENBACH, KLAUS
 STREET ADDRESS
BACHSTRASSE 14
 CITY, ST, ZIP
50530 LIPPSTADT GERMANY

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY, ST, ZIP

21 TITLE
 22 NAME
 23 STREET ADDRESS
 24 CITY, ST, ZIP

31 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY, ST, ZIP

41 TITLE
 42 NAME
 43 STREET ADDRESS
 44 CITY, ST, ZIP

51 TITLE
 52 NAME
 53 STREET ADDRESS
 54 CITY, ST, ZIP

61 TITLE
 62 NAME
 63 STREET ADDRESS
 64 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply for the exceptions stated in Sections 190.017 (3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to file this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 2 or Block 13 (changed) or on an amendment with an address.

SIGNATURE:

Jeannie Winnebald
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6/21/95

941-369-1650

CR2E034 (3/95)