

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90082 041 \*\*\*150.00

DOCUMENT # P94000011978

1. Corporation Name

G. SUSANN KUNZENDORF, INC.

Principal Place of Business

1760 TIPPECANOE TR  
MAITLAND FL 32751  
US

Mailing Address

1760 TIPPECANOE TR  
MAITLAND FL 32751  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1994

4. FEI Number

59-3230580

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 the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 1550 So. ORLANDO AVENUE

Suite, Apt. #, etc.

2a. Mailing Address

26 1550 So. ORLANDO AVE.

Suite, Apt. #, etc.

22 City & State

23 MAITLAND, FL.

Zip Country

24 32751 25 USA

City & State

28 MAITLAND, FL

Zip Country

29 32751 30 USA

9. Name and Address of Current Registered Agent

KUNZENDORF, G.S.R  
1760 TIPPECANOE TR  
MAITLAND FL 32751

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 607.1508, 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

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D  
NAME KUNZENDORF, G.S.  
STREET ADDRESS 1760 TIPPECANOE TR  
CITY-ST-ZIP MAITLAND FL 32751

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition

1.2 NAME KUNZENDORF, G.S.

1.3 STREET ADDRESS 1760 TIPPECANOE TR

1.4 CITY-ST-ZIP MAITLAND, FL 32751

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

G. SUSANN KUNZENDORF

04-13-99

Date

Daytime Phone #

CR2E034 (11/98)