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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Mar 09 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000012422 (9)

TAKE (ITERNATIONA		RP.					 		HIRJO HHIN HORN
Principal Plac	e of Busines	26			Mailing Address							
6105 LEUTASCH • 184 PO BOX 2507												
AUSTRIA BONITA SPRINGS FL 33959							1					
!										DO NOT WRITE IN THIS	SPACE	
										3. Date Incorporated or Qualified 02/14/1994		
2. Principal P	lace of Busi	ness		2a. Mailing Address						4. FEI Number		Applied For
21				26	26					52-1882105		Not Applicable
j Suite, Apt.	#, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	•	Additional
22 City & Stat				27	City & State							Required
23				28	⊢ '					6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip	Country				Zip Cou			У		8. This corporation owes or has paid the cu		
24	25			29								No No
9. Name and Address of Current Registered Agent								Name		10. Name and Address of New Registered	Agent	
	opolo, d. 357 o ld u			81								
	NITA SPRI							Street /	ddres	ss (P.O. Box Number is Not Acceptable)		
			, _ , , , , ,				63					
							84	City		FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the a								e-named	cornor		f changing	its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-ni office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										n's board of directors. I hereby accept the app	xointment a	s registered
SIGNATURE												
Signature, typed or printed name of registered agent and little if applicable. (NOTE Registered									required			
12. TITLE	DP		OFFICERS A	ND DIRE	DELETE	13. 1.1 ((TLE	<u></u>	VP	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO Change	
NAME	GEIGER	HAI	NS			1.2 N			m	acouti Fiscieda	CT CHRUNG	And Addition
STREET ADDRESS								I ADDRESS	01	ing Seefald Trail	_	:
CITY-ST-ZIP	ALIATOLI							ST - ZiP		arcati, Elfriede 100 Seéfold Trol Lithers bitzstea BE	17 A	ustria
TITLE					☐ DELETE	2.1 71			. II. T	1110 S 011 KU 10 10 10 10 10 10 10 10 10 10 10 10 10	Change	Addition
NAME						2.2 N	AME					
STREET ADDRESS						2.3 \$1	TAEET	ADDRESS				
CITY-ST-ZIP						2.4 C	ITY-S	ȘT-ZIP				
TITLE					DELETE	3.1 TI	TLE				Change	Addition
NAME						3.2 N	3MA					
STREET ADDRESS						3.3 ST	REET	ADDRESS				
CITY-ST-ZIP						3.4. C	ITY-5	ST-ZIP				
TITLE					☐ DELETE	4.1 TO	TLE				Change	☐ Addition
NAME						4.2 N	AME	Ì				
STREET ADDRESS								ADDRESS				
CITY-ST-ZIP					DELETE		_	ST-ZIP			T 20	1 1 4 4 4 9 9
TITLE					[DELETE	5.1 TI		İ			Change	☐ Addition
NAME CORET ADDOCCO						5.2 NA						
STREET ADDRESS								ADDRESS				
CITY-ST-ZIP TITLE					DELETE	5.4 CI 6.1 TII		i - ZIP			Change	Addition
NAME						6.2 NA					— Ananye	וועטווטטה 🖵
STREET ADDRESS						1		ADDRESS				
Time: Johnson						0.3 31	and I	NOUNEGO				

CITY-ST-ZIP

14. I hereby certify that the information supplied with this fling poes 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 em an officer or director of the corporation or the receiver or postee 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.

CICNATURE.

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