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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000014845 (9) DOCUMENT #

| National Place of Business 2219-B JOEL BLVD ALVA FL 33920 IIS Corporation Name Mailing Address P.O. BOX 2019 ALVA FL 33920 ALVA FL 33920 IIS | | | | | |
|--|--|---|---|--|--|
| US | | 08 | | 3. Date Incorporated or Qualified 02/16/1994 | 3a. Date of Last Recort 05/01/1995 |
| Principal Place | of Business | 2a. Mailing Address | | 4. FEI Number 478137 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, elc. 27 | | 5. Certificate of Status Desired | S8.75 Additional Fee Required |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country 25 | Zip 29 | Country 30 | | s 🔲 No |
| | Name and Address of Current | Registered Agent | 81 Name | 10. Name and Address of New I | Registered Agent |
| LEHIGH | ALTON AVE. ACRES FL 33936 The provisions of Sections 607.0502 agont, or both, in the State of Floric approach the originations of, Sections | and 607.1508, Florida Statut la. Such change was authoriz on 607.0505, Florida Statules | 83 84 City | Address (P.O. Box Number is Not Acceptance) ALVA Corporation submits this statement for the purpose of directors. I hereby accept the applications are compared to the purpose of the applications of the applications are considered to the applications. | FL 85 Zip Code |
| IGINATURE | sature, typical or puly eo manic of respetered agent | | TE: Registered Agent signature | required when reinstating | DATE. |
| 2. | OFFICERS AND | | 13. | 1' | FICERS AND DIRECTORS IN 12 Change Addition |
| LE ME HEF! ADDRESS | GRUBER, HERMANN 422 HAMILTON AVE. LEHIGH ACRES FL 33936 | ☐ DEFE1€ | 1 1 TIPLE 12 NAME 1.3 STREET ADDRESS | HERMANN Gru 2219-B JSEI BIU | bea ' |
| Y-ST-ZIP EF ME REET ADDRESS | P KAINZ, MARTIN 704 HAMILTON AVE LEHIGH ACRES FL | □ DETELE | 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | ALVA, Fr. 3392 | |
| Y - \$1 - Z*P LE ME HEET ACIDRESS Y ST - ZIP | VSTD GRUBER, HERMANN 422 HAMILTON AVE LEHIGH ACRES FL | ☐ DECETÉ | 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP | HERMANN GRU 7219-B JOEL Blud ALVA, FL 3392 | ٥ |
| ME KELL ADDRESS | VP KAINZ, MARTIN J 704 HAMILTON AVE LEHIGH ACRES FL | □ DELETE | 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4 4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| Y - ST - ZP ² LE ME REET ADDRESS | VP———————————————————————————————————— | □ DELEHE | 5 1 THLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CHY-ST-ZIP | | ☐ Change ☐ Addition |
| IY-ST ZIF LE ME HEET AOORESS | | ☐ DELETE | 6 1 TITLE 62 NAME 63 STREET ADDRESS | | Change Addition |
| certify that t | | ual report or supplemental and pration or the receiver or trust- | nuai report is true and a ee empowered to exect | lalify for the exemption stated in Section 11 accurate and that my signature shall have that this report as required by Chapter 607, | |

PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOCAL DEL DEL DEL DE DEVENO PIONE PIO SIGNATURE: