FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000020544 (0)**

1. Corporation Name
CAPE CORAL HOME SERVICE SYSTEM, INC.

Principal Place of Business
139 SW 53RD TERRACE
CAPE CORAL FL 33914

Mailing Address
139 SW 53RD TERRACE
CAPE CORAL FL 33914

3. Date Incorporated or Qualified: 03/14/1994
3a. Date of Last Report: 04/07/1995

2. Principal Place of Business
21 415 Pinecrest Ct.
22 Suite, Apt. #, etc.
23 City & State: Cape Coral
24 Zip: 33904 25 Country: FL

2a. Mailing Address
26 415 Pinecrest Ct.
27 Suite, Apt. #, etc.
28 City & State: Cape Coral
29 Zip: 33904 30 Country: FL

4. FEI Number: 65-0478305 ☐ 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 has liability for intangible tax under s. 199.052 Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GUDRUN M. NICKEL P.A.
350 FIFTH AVENUE
SUITE 200
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: Eittenberger Monika
82 Street Address (P.O. Box Number Not Acceptable): 415 Pinecrest Ct.
83
84 City: Cape Coral FL 85 Zip Code: 33904

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: M. Eittenberger MONIKA EITTENBERGER DATE: 3-25-96

12. OFFICERS AND DIRECTORS

TITLE VSD
NAME EITTENBERGER, MONIKA
STREET ADDRESS 139 SW 53RD TERRACE
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ DELETE

TITLE PTD
NAME EITTENBERGER, DIETER
STREET ADDRESS 139 SW 53RD TERRACE
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is substantially form shell and 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: M. Eittenberger MONIKA EITTENBERGER 3-25-96 941-540-0017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number