

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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000020544 (0)

1. Corporation Name

CAPE CORAL HOME SERVICE SYSTEM, INC.



Principal Place of Business

Mailing Address

415 PINECREST COURT
CAP CORAL FL 33904
US

415 PINECREST COURT
CAPE CORAL FL 33904
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Eittenberger Monika

82 Street Address (P.O. Box Number is 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/20/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME EITTENBERGER, MONIKA
1.3 STREET ADDRESS 415 PINECREST CT.
1.4 CITY-ST-ZIP CAPE CORAL, FL. 33904

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

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME PTD
2.3 STREET ADDRESS EITTENBERGER, DIETER
2.4 CITY-ST-ZIP 415 PINECREST CT.
CAPE CORAL, FL. 33904

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE

Signature

MONIKA EITTENBERGER

1-17-98 (94) 540-0617

CR2E034 (10/97)