

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P94000020832 (9)**

1. Corporation Name

APOLLO OCEAN VIEW RESTAURANT, INC.



Principal Place of Business

Mailing Address

**900 S. COLLIER BLVD.
MARCO ISLAND FL 33937**

**900 S. COLLIER BLVD.
MARCO ISLAND FL 33937**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1994

4. FEI Number

65-0482083

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

21 175 Society Court

Suite, Apt. #, etc.

22

City & State

23 Marco Island, Florida

Zip

24 34145

Country

25 Collier

2a. Mailing Address

26 175 Society Court

Suite, Apt. #, etc.

27

City & State

28 Marco Island, Florida

Zip

29 34145

Country

30 Collier

9. Name and Address of Current Registered Agent

**KNAUERHASE, GEROLD
175 SOCIETY CT.
MARCO ISLAND FL 33937**

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

TITLE ☐ DELETE

NAME **P SPIESS, FRANK**
STREET ADDRESS **900 S. COLLIER BLVD.**
CITY-ST-ZIP **MARCO ISLAND FL 33937**

TITLE ☐ DELETE

NAME **VP SPIESS, MARC**
STREET ADDRESS **900 S. COLLIER BLVD.**
CITY-ST-ZIP **MARCO ISLAND FL 33937**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

April 18, 1998

TITLE ☐ DELETE

NAME **Please note:**
STREET ADDRESS **All Directors/Officers are**
CITY-ST-ZIP **residing in Germany. Time does**
NAME **not permit mailing the annual**
STREET ADDRESS **for signature. I have authorization**
CITY-ST-ZIP **to sign checks, and am also**
the registered Agent.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **Hohenzollernstrasse 110**
1.4 CITY-ST-ZIP **80796 Munchen, Germany**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **Wintergasse 3**
2.4 CITY-ST-ZIP **87527 Sonthofen, Germany**

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.

SIGNATURE: **Gerold Knauerhase**

4/18/98 9:41 34145 FL

CR2E034 (10/97)