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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

P94000029131 (7)

ACTINVEST, INC.

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Mailing Address

2a. Mailing Address

City & State

Zip

Suite. Apt. #, etc.

26

27

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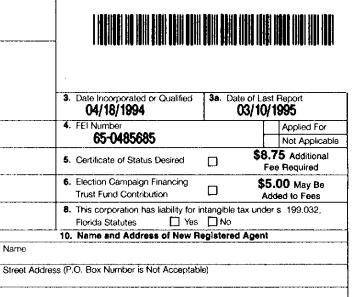
29

18551 NORTH TAMIAMI TRAIL NORTH FT.MYERS FL 33903

WAGLE, HAROLD H.

18551 NO TAMIAMI TRAIL N. FT. MYERS FL 33908

18551 NORTH TAMIAMI TRAIL NORTH FT.MYERS FL 33903



Zin Code

85

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 end abelit approcable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. جَمَ ت DELETE Change Addition 1.1 TITLE 101.6 LACHER, HANSPETER NAME 1.2 NAME CR2E034 18551 NORTH TAMIAMI TRAIL STREET ADDRESS 1.3 STREET ADDRESS NORTH FT. MYERS FL 33903 1.4 CITY - ST - ZIP CHY-ST-ZIP DST DELETE Change 2 1 TITLE Addition THEF LACHER, ROSEMARY NAME 18551 NORTH TAMIAMI TRAIL 2.3 STREET ADDRESS STREET ADDRESS NORTH FT. MYERS FL 33903 CITY ST 201 2 4 CITY - ST- ZIP DELETE Change ☐ Addition THEF 3 1 TITLE 3.2 NAME NAM STREET ADDRESS 3.3 STREET ADDRESS 3 4 City - ST - ZIP City-St-ZiP DELETE Change Addition TILLE 4.1 TITLE NAM: 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY - ST - ZIP C.1x - \$1 - Z-P DELETE Change □ Addition THE 5 1 THILE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CHY S'-ZP

Country

81 Name

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City 84

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 nath, 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

6 1 TITLE

6.2 NAME

6 3 STREET ADDRESS 64 CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY ST-ZIE

Warold X. Whale HOROLD H. WALLE

DELETE

2/13/96 941 731 2700

Change

Addition