

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90151 014 ***150.00

DOCUMENT # P94000038585

Principal Place	e of Business	Mailing Address 2198 MAIN 3T			
STE 301	24227	STE-SOI		DO NOT WRITE IN T	HIS SPACE
SARASOTA FL 34237 US-				3. Date Incorporated or Qualifed	
00		• •		05/23/1994	
Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21 4120 Vallarta Ct 26 4120 Vall			larta Ct	65-0492936	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional
22		27		3. Certificate of Status Desired	Fee Required
City & State City & State City & State 28 Sarasof			9	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country F2	Zip 29 342-33 3	Country O FL -	This corporation owes the current yea Personal Property Tax.	Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registe	red Agent
	NOCH PETER		81 Name	apenfuss, Guen	tem
l	nsch, peter J. D.S. Tamiami trai l		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
1	• •		0.0	120 Vallarta Ci	
STE 301- SARASOTA FL 34239-			°°	sarasota FL	34233
) J	. 100 11 1 2 0 1200		84 City		S5 Zip Code
44 5	to the provision of Continue 607 050	2 and 607 4509 Florida Statutos	the above camed corr	poration submite this statement for the nurnos	e of changing its registered
l office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was autr tions of, Section 607.0505. Florid	nonzed by the corporati la Statutes.	on's board of directors. I hereby accept the a	ppointment as registered
<u> </u>				when reinstating) DATE	AND DIDECTORS IN 12
12.		D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	DADENELICO CHENTED	☐ DELETE	1.1 IIILE 1.2 NAME		C1 ottange C1 voormon
NAME	PAPENFUSS, GUENTER 4120 VALLARTA CT		1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS	SARASOTA FL 34233				
CITY-ST-ZIP TITLE	D	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	PAPENFUSS, CHRISTA		2.2 NAME		
STREET ADDRESS	4120 VALLARTA CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34233		2. 4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		Change Addition
NAME	HEUGER, CTEFAN PAPENFU		3.2 NAME	olger, Stefan Pap	ne - Luce
STREET ADDRESS	4120 VALLARTA CT		3.3 STREET ADDRESS	orger, or e, an inap	enjus
CiTY-ST-ZIP	SARASOTA FL 34233		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME	- · - · ·	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		÷
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY+ST-ZIP		

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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

Pain fuss Director 3/8/99 94/37/1664
DIRECTOR Date Date Depting Phone #

☐ Addition

☐ Change