

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

04-16-1999 90027 020 ***150.00

DOCUMENT # P94000044005

1. Corporation Name

CABAG CORPORATION

Principal Place of Business

4745 ESTERO BLVD
APT. 1202
FORT MYERS BEACH FL 33931
US

Mailing Address

6051 ESTERO BOULEVARD
SUITE 103
FT MYERS BEACH FL 33931
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1994

4. FEI Number

65-0535229

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

JOHN C. DAVIS, CPA
6051 ESTERO BLVD
FT MYERS BEACH FL 33931

10. Name and Address of New Registered Agent

81 Name LARRY L. PITTMAN SERVICE, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

6051 ESTERO BLVD

83

84 City

FORT MYERS BEACH

FL

85 Zip Code

33931

11. Pursuant to the provisions of Sections 607.0602 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

LARRY L. PITTMAN

1-7-99

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 D ☐ DELETE

NAME GEISSLER, CHRISTIAN

STREET ADDRESS MEIERHALT WEG 17

CITY-ST-ZIP D77886 LAUF, GERMANY

TITLE D ☐ DELETE

NAME GEISSLER, BRIGITTE

STREET ADDRESS MEIERHALT WEG 17

CITY-ST-ZIP D77886 LAUF, GERMANY

TITLE D ☐ DELETE

NAME GEISSLER, ARNE

STREET ADDRESS WINGERTSTR. 43E

CITY-ST-ZIP D63322 ROEDERMARK GE

TITLE D ☐ DELETE

NAME GEISSLER, ANDREAS

STREET ADDRESS GARMISCHER ALLEE 40

CITY-ST-ZIP D 86438 KISSING GE

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)