

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -3 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000064493 (7)

1. Corporation Name

DIETER KUCKELKORN SCHUHHANDWERK, INC.

Principal Place of Business

Mailing Address

6585 NICHOLAS BLVD., SUITE 1101  
NAPLES FL 33963

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NAPLES FL 33963

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

08/29/1994

4. FBI Number

65-0524729

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 has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 C/O EURO-AMERICAN CONSULTING, INC.

26 C/O EURO-AMERICAN CONSULTING, INC.

22 3401 TAMiami TRAIL NORTH

27 3401 TAMiami TRAIL NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 SUITE 207

27 SUITE 207

City & State

City & State

23 NAPLES, FL

27 NAPLES, FL

Zip

Country

Zip

Country

24 33940

25 U.S.A.

29 33940

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUDRUN M. NICKEL, P.A.  
350 5TH AVE. SOUTH  
#200  
NAPLES FL 33940

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 of agent)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD  
NAME KUCKELKORN, DIETER  
STREET ADDRESS 5375 TAMiami TR. NORTH, #230  
CITY, ST, ZIP NAPLES FL 33963

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true and correct and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report was obtained from a duly sworn report in true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of change or on an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

2/28/95

Date

Signature Number