

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000077120 (1)

1. Corporation Name

ALEMANIA HOUSE SERVICE, INC.



Principal Place of Business

26510 S. PINES DR.
L 4
BONITA SPRINGS FL 33923

Mailing Address

4277 BONITA BEACH RD.
#126
BONITA SPRINGS FL 33923

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
10/19/1994

3a. Date of Last Report
09/13/1995

4. FEI Number

65-0602714

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

10. Name and Address of New Registered Agent

81

Name

JOACHIM ZINN

82

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

4277 BONITA BEACH RD #126

83

84

City

BONITA SPRINGS

FL

Zip Code

33423

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

Joachim Zinn

(NOTE: Registered Agent's signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME ZINN, JOACHIM
STREET ADDRESS 27181 ESTHER DRIVE
CITY-STATE-ZIP BONITA SPRINGS FL 33923

TITLE DVS ☐ DELETE

NAME ZINN, BAERBEL
STREET ADDRESS 27181 ESTHER DRIVE
CITY-STATE-ZIP BONITA SPRINGS FL 33923

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPT ☐ Change ☐ Addition

1.2 NAME ZINN, Joachim
1.3 STREET ADDRESS 4277 BONITA BEACH RD #126
1.4 CITY-STATE-ZIP Bonita Springs, FL 33923

2.1 TITLE DVS ☐ Change ☐ Addition

2.2 NAME Baerbel Zinn
2.3 STREET ADDRESS 4277 Bonita Beach Rd. #126
2.4 CITY-STATE-ZIP BONITA SPRINGS, FL 33923

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/96

476-0577

CR2E034 (12/95)