

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000087786 (7)

1. Corporation Name
POLDI, INC.

Principal Place of Business

1303 HOMESTEAD RD. NORTH
LEHIGH ACRES FL 33936

Mailing Address

%ROBERT ROYSTON, JR.
12670 NEW BRITTANY BLVD., SUITE 101
FT. MYERS FL 33907



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

ROYSTON, ROBERT D JR.
12670 NEW BRITTANY BLVD.
SUITE 101
FT. MYERS FL 33907

3. Date Incorporated or Qualified
12/02/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0539255

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contributor

\$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

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 of person having authority to execute this statement

(Print Name of person having authority to execute this statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
MAEHLENHOFF, HEINZ-JUERGEN
1303 HOMESTEAD RD. NORTH
LEHIGH ACRES FL 33936

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
MAEHLENHOFF, WALTRAUD
1303 HOMESTEAD RD. NORTH
LEHIGH ACRES FL 33936

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
MAEHLENHOFF, JOERG DIETER
1303 HOMESTEAD RD. NORTH
LEHIGH ACRES FL 33936

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
SCHWARZMEIR, WILLIE
1303 HOMESTEAD RD
LEHIGH ACRES FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

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

Change Addition

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:

Willie Schwarzmeir - VP

WILLIBALD SCHWARZMEIER

4/30/96

(941) 369-8989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)