

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

FILED

Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33907-3650



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1994	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0539255	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

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		DATE	
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	MAEHLNHOFF, HEINZ-JUERGEN		
STREET ADDRESS	1303 HOMESTEAD RD. NORTH		
CITY-STATE-ZIP	LEHIGH ACRES FL 33936		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	MAEHLNHOFF, WALTRAUD		
STREET ADDRESS	1303 HOMESTEAD RD. NORTH		
CITY-STATE-ZIP	LEHIGH ACRES FL 33936		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	MAEHLNHOFF, JOERG DIETER		
STREET ADDRESS	1303 HOMESTEAD RD. NORTH		
CITY-STATE-ZIP	LEHIGH ACRES FL 33936		
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	SCHWARZMEIR, WILLIE		
STREET ADDRESS	1303 HOMESTEAD RD		
CITY-STATE-ZIP	LEHIGH ACRES FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME	Schwarzmeier Willibald		
4.3 STREET ADDRESS	1303 Homestead Rd. North		
4.4 CITY-STATE-ZIP	Lehigh Acres, FL 33936		
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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: *Willibald Schwarzmeier* WILLIBALD SCHWARZMEIER 3-2-97 941-369-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)