

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

FILED
May 20 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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

Mailing Address

**1303 HOMESTEAD RD. NORTH
LEHIGH ACRES FL 33936**

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

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|-------------------------|---|--|--|---------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/02/1994 | |
| 21. P.O. Box 425 | 26. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. | 28. City & State Lehigh Acres, FL | 29. Zip 33970 | 30. Country USA |
| 22. City & State Lehigh Acres, FL | | 23. City & State Lehigh Acres, FL | | 24. Zip 33970 | |
| 25. Country USA | | 26. Country USA | | 27. Country USA | |
| 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. City | | | 84. Zip Code FL | | |
| 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|----------------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAEHLNHOFF, HEINZ-JUERGEN | 1.2 NAME | |
| STREET ADDRESS | 1303 HOMESTEAD RD. NORTH | 1.3 STREET ADDRESS | 237 Joel Blvd. |
| CITY-ST-ZIP | LEHIGH ACRES FL 33936 | 1.4 CITY-ST-ZIP | Lehigh Acres, FL 32972 |
| TITLE | D | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAEHLNHOFF, WALTRAUD | 2.2 NAME | |
| STREET ADDRESS | 1303 HOMESTEAD RD. NORTH | 2.3 STREET ADDRESS | 237 Joel Blvd. |
| CITY-ST-ZIP | LEHIGH ACRES FL 33936 | 2.4 CITY-ST-ZIP | Lehigh Acres, FL 33972 |
| TITLE | D | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAEHLNHOFF, JOERG DIETER | 3.2 NAME | |
| STREET ADDRESS | 1303 HOMESTEAD RD. NORTH | 3.3 STREET ADDRESS | 237 Joel Blvd. |
| CITY-ST-ZIP | LEHIGH ACRES FL 33936 | 3.4 CITY-ST-ZIP | Lehigh Acres, FL 33972 |
| TITLE | VP | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHWARZMEIER, WILLIBALD | 4.2 NAME | |
| STREET ADDRESS | 1303 HOMESTEAD RD. NORTH | 4.3 STREET ADDRESS | 237 Joel Blvd. |
| CITY-ST-ZIP | LEHIGH ACRES FL | 4.4 CITY-ST-ZIP | Lehigh Acres, FL 33972 |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 on an attachment with an address.

CR2E034 (10/97)

1000: 501-369-8989
4-20-98
041-369-8989