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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000004616

1. Corporation Name
TESCHE APARTMENT & HOUSE SERVICES, INC.

Principal Place of Business	Mailing Address
5420 CHIQUITA BLVD. S. CAPE CORAL FL 33914	5420 CHIQUITA BLVD. S. CAPE CORAL FL 33914

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 1933 SW 54 STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 CAPE CORAL, FL
Zip / Country 24 / 25	Zip / Country 29 33914 / 30 Lee

3. Date Incorporated or Qualified: 01/17/1995
4. FEI Number: 65-0573772 ☐ 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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAROCCO, ROBERT J 1505 SE 40TH STREET SUITE C CAPE CORAL FL 33904	81 Name GUSTAV TESCHE 82 Street Address (P.O. Box Number is Not Acceptable) 1933 SW 54 STREET 83 84 City CAPE CORAL FL 85 Zip Code 33914

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] 04/19/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE	PSD	☐ Change ☐ Addition
NAME	TESCHE, GUSTAV		1.2 NAME	TESCHE, GUSTAV	
STREET ADDRESS	5420 CHIQUITA BLVD. S.		1.3 STREET ADDRESS	1933 SW 54 STREET	
CITY-ST-ZIP	CAPE CORAL FL 33914		1.4 CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VTD	☐ DELETE	2.1 TITLE	VTD	☐ Change ☐ Addition
NAME	TESCHE, GABRIELE		2.2 NAME	TESCHE, GABRIELE	
STREET ADDRESS	5420 CHIQUITA BLVD. S.		2.3 STREET ADDRESS	1933 SW 54 STREET	
CITY-ST-ZIP	CAPE CORAL FL 33914		2.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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, with all other like empowered.

SIGNATURE: [signature] RECORDED 03/11/99 941-5407713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (1.1/98)