

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90075 002 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P95000017900**

1. Corporation Name

**ATLANTIS FINANCIAL SERVICES, INC.**

Principal Place of Business

**2935 SE 58TH AVENUE  
SUITE 4  
OCALA FL 34471  
US**

Mailing Address

**P.O. BOX 71042  
OCALA FL 34471  
US**

2. Principal Place of Business

**21 20 Golf View Drive**

Suite, Apt. #, etc.

**22 City & State  
23 Ocala, Florida**

**24 Zip 34472 Country 25 U.S.A.**

2a. Mailing Address

**26 PO Box 830037**

Suite, Apt. #, etc.

**27 City & State  
28 Ocala, Florida**

**29 Zip 34483-0037 Country 30 U.S.A.**

3. Date Incorporated or Qualified

**03/06/1995**

4. FEI Number

**59-3307098**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$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

**FUNK, RAINER S.  
83 GOLF VIEW DR.  
OCALA FL 34471**

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

typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DS** ☐ DELETE  
NAME **FUNK, RAINER D.**  
STREET ADDRESS **83 GOLF VIEW DR.**  
CITY-ST-ZIP **OCALA FL 34472**

TITLE **PT** ☒ DELETE  
NAME **RASCHKE, CARLA H**  
STREET ADDRESS **220 SE 74TH ST.**  
CITY-ST-ZIP **GAINESVILLE FL 32641**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P T** ☐ Change ☒ Addition  
1.2 NAME **Harden, David M.**  
1.3 STREET ADDRESS **20 Golf View Drive**  
1.4 CITY-ST-ZIP **Ocala, FL 34472**

2.1 TITLE **V S** ☐ Change ☒ Addition  
2.2 NAME **Braun, Sabine**  
2.3 STREET ADDRESS **20 Golf View Drive**  
2.4 CITY-ST-ZIP **Ocala, FL 34472**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **Johannes Tien**  
3.3 STREET ADDRESS **20 Golf View Drive**  
3.4 CITY-ST-ZIP **Ocala, FL 34472**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **Werner Klein**  
4.3 STREET ADDRESS **20 Golf View Drive**  
4.4 CITY-ST-ZIP **Ocala, FL 34472**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **Gerhard Rickhoff**  
5.3 STREET ADDRESS **20 Golf View Drive**  
5.4 CITY-ST-ZIP **Ocala, FL 34472**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **D Dieter Schmale**  
6.3 STREET ADDRESS **20 Golf View Drive Ocala FL 34472**  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**David M. Harden, President (352)687-8500**

Date

Daytime Phone #

CR2E034 (11/98)