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

CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	JAL REPORT 1996		ry of State		
	MENT # <b>P950</b> 0	0029157 (1)	<u> </u>		
	RFRONT CONSULTING, INC	C.		E COMMON SEE COMMON DAME COMMON SECUL	ODIN ATNIA NAIA LOIDI KIADI ANIL 18A1 18A1
Principal Place of Business Mailing Address					1911) GEOR 11919 1410 1199 4111 1491 421
3736 S.E. 15TH PLACE CAPE CORAL FL 33904		3736 S.E. 15TH PLACE CAPE CORAL FL 33904			
	- /			3. Date incorporated or Qualified	3a. Date of Last Report
				04/10/1995	
	face of Business	2a. Mailing Address		4. FEI Number 65 - 05 8 9 9 5 4	Applied For Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Star	re	City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
<b>[23]</b> Zip	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25	29	30	Florida Statutes Yes  10. Name and Address of New R	No legistered Agent
	9. Name and Address of Curre	ent Registered Agent	81 Name -7		
GUDRUN M. NICKEL, P.A. 82 Street Addr				/EBIG DIETER ress (P.O. Box Number is Not Acceptab	ole)
	FTH AVENUE SOUTH, #200		3736	S.E. 15th Place	
NAPLE	S FL 33940		83		
			84 City	e Coral	FL 85 Zip Code 4
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named corpor	ration submits this statement for the pured of directors. I hereby accept the app	rpose of changing its registered office
or registi familiar v	ered agent, or both, in the State of Flo with, and Eccept the objections of, Sec	ction 607.0505, Florida Statutes.	o Dy the corporation's boa	To bi directors. Thoroby accept the app	41° 4 9 4
SIGNATURE	Signature, typed or printed byte of registered again	Dieter Fiebli	7	d when reinstating)	17-96 DATE
12.	OFFICERS (	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
FILE	PSTD FIEBIG, DIETER	☐ DELETE	1. 1 TITLE 12 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS	2720 CE 15TH DIACE		13 STREET ADDRESS		
CHY-ST ZIE	CAPE CORAL FL 33904		1.4 CITY - ST - ZIP		
111, f		☐ DELETE	2 1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS 2 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change
NAM:			3 2 NAME		
SERSET ADDRESS			3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
1/11 F		DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
SERRET ADDRESS	î		4.3 STREET ADDRESS		
CITY ST ZIF		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME		· ·	5.2 NAME		
STREET ADDRESS	6		5.3 STREET ADDRESS		
CHY-S' 79		DELETE	5 4 CITY-SI-ZIP 6 1 HILE		Change Addition
T IFF NAME			62 NAME	<b>u</b> -	
14. out					1 0 11 00

63 STREET ADDRESS
64 CITY-ST-ZIP
41. Job 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 cattly 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.

SIGNATIBE.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96 941-540-736 X