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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000034236 (6)

COMMERZ INVESTMENTS CORPORATION

Principal Plac	e of Business	Mailing Address			
5214 SUNSET COURT			^7		
US		1317 SE 46TH LN 20 4- えのア CAPE CORAL FL 33904-624		DO NOT WRITE IN TH	IS SPACE
		US	•	3. Date Incorporated or Qualified	
				04/25/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0578983	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_		\$8.75 Additional
22		27 1317 SE 46t	h Lane #207	5. Certificate of Status Desired	Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zιp	Country	8. This corporation owes or has paid the	current year Intangible
24	25		30	Personal Property Tax due June 30.	Yes No
g, Name and Address of Current Registered Agent				10, Name and Address of New Registers	ed Agent
SHULTZ, RUSSEL			81 Name		
140 EL DORADO PARKWAY SW CAPE CORAL FL 33914			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
				,	· · · · · · · · · · · · · · · · · · ·
			63		
			84 City		85 Zip Code
44 Purcuant	to the provisions of Sections 607 050	22 and 607 1509. Elorida Statuto	a the shows named each	oration submits this statement for the purpose	L
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida. Such change was a ations of, Section 607.0505, Flor	thorized by the corporation of the statutes.	on all of submits this statement for the purpose on's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE					
	Signature, typed or printed name of registered age		Registered Agent signature require		
12. TITLE	OFFICERS ANI	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	
NAME	•	C) precie	1.1 TITLE		Change Addition
	PESCH, HELMA 5214 SUNSET CT		1.2 NAME		
STREET ADDRESS	CAPE CORAL FL 65		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY - ST - ZIP		Ohana Addisa
NAME	THIERSMANN, LYDIA		21 TITLE		Change L Addition
	1317 SE 46TH LN 294 2.0	179	2.2 NAME		
STREET ADDRESS	CAPE CORAL FL 24	1	2.3 STREET ADDRESS 1 3 1	17 SE 46th Lane #207	
CITY-ST-ZIP	CAPE CORAL PL 24	DELETE	2.4 CITY-ST-ZIP		
TITLE		C DELEGE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	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		DELEZE	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		Pereze	5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		}
STREET ADDRESS			6.3 STREET ADDRESS		Ì
CITY-ST-ZIP			6.4 CITY - ST - ZIP		ŀ

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.

This Course

Lydia Thiersmann 1/10/00

941-600 1111

FILED

Jan 20 1998 8:00am

Secretary of State

. Principali den farat neger beler beler beler belen beler beler beler beler beler beler beler beler beler beler