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

Profit Corporation Annual Report

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

FILED

Feb 11 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000043067 (4)

DUTCH HAUS, INC.

SIGNATURE:

Principal Place of Business Mailing Address 1247 BENEVA ROAD 1247 BENEVA ROAD SARASOTA FL 34232-3152 SARASOTA FL 34232 3. Date Incorporated or Qualified 3a. Date of Last Report 05/30/1995 03/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3319102 21 26 Not Applicable Suite Ant # etc Suite. Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country This corporation has liability for intangible tax under s. 199.032, Yes X No 24 25 30 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WAGLER, LEON 1247 BENEVA ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34232 83 84 City Zip Code 85 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition WAGLER, LEON NAME 1.2 NAME 11055 CELESTINE PASS STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34240 CITY-SI-ZIE 1.4 CITY - ST - ZiP DELETE THUE 2.1 TITLE Change Addition WAGLER, MIRIAM NAME 2.2 NAME 11055 CELESTINE PASS STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL 34240 CITY ST-76 2. 4 CITY - ST - ZIP DELETE 10TLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 SYREET ADDRESS CITY-ST-ZIP 3.4. CITY-\$T-ZIP DELETE THEF A 1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE THILE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do 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 lepol or supplemental annual lepol 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 perporation 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 33 if changed or on an attachment with an address.

Leon Wagler