

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000043940

1. Corporation Name

KWP FLORIDA 2005, INC.

Principal Place of Business

302 LEE BLVD SUITE 102
LEHIGH ACRES FL 33936

Mailing Address

743 MIRROR LAKES DR
LEHIGH ACRES FL 33936
US

FILED
Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90036 007 ***300.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1995

4. FEI Number

65-0583463

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

2. Principal Place of Business

21 616 Mirror Lakes Dr.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Lehigh Acres

28 City & State

Lehigh Acres

24 Zip

FL 25 33936

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MORGAN, JOHN M
302 LEE BLVD SUITE 102
LEHIGH ACRES FL 33936

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

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 DP ☐ DELETE

NAME WALLNER, KLAUS
STREET ADDRESS WALKUEREN STRASSE 36
CITY-ST-ZIP 82110 GERMERING, GERMANY

TITLE DVP ☐ DELETE

NAME STERR, GERHARD
STREET ADDRESS GERNER STRASSE 7
CITY-ST-ZIP 80638 MUNICH, GERMANY

TITLE VP ☐ DELETE

NAME MORGAN, JOHN M
STREET ADDRESS 302 LEE BLVD, SUITE 102
CITY-ST-ZIP LEHIGH ACRES FL

TITLE S ☐ DELETE

NAME HILDEGARD, GOERTZ
STREET ADDRESS 743 MIRROR LAKES DR
CITY-ST-ZIP LEHIGH ACRES FL 33936-9780

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-98 941-369 0933

CR2E034 (11/98)