

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DEPARTMENT OF CORPORATIONS

1996 5-196 B-5178

DOCUMENT # P95000051611 (8)

1. Corporation Name

BLACKFOREST INTERNATIONAL REALTY, INC.

Principal Place of Business

205 N. COLLIER BLVD.
MARCO ISLAND FL 33937

Mailing Address

205 N. COLLIER BLVD.
MARCO ISLAND FL 33937



3. Date Incorporated or Qualified

07/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARNELL, MARY A

~~5551 RIDGEWOOD DRIVE~~

~~SUITE 201~~

NAPLES FL 33963

81 Name

MARY A. MARNELL

82 Street Address (P.O. Box Number is Not Acceptable)

5811 PELICAN BAY BLVD #210

83

84 City

NAPLES

FL

85 Zip Code

33963

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

Mary A. Marnell

(Date: Registered Agent Signature and When Becoming)

DATE

4-26-96

12. OFFICERS AND DIRECTORS

D

HOFMANN, WALTER
205 N. COLLIER BLVD.
MARCO ISLAND FL 33937

☒ DELETE

D

SCHIMEK, ROB
205 N. COLLIER BLVD.
MARCO ISLAND FL 33937

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MARCO ISLAND FL 33937

☐ DELETE

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

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do 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 I 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.

SIGNATURE:

Robert Schimek

Robert Schimek

4/23/96

941-642-1606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #

CR2E034 (12/95)