

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90070 013 ***150.00

DOCUMENT # P95000066777

1. Corporation Name

PAPAYA POWER PRODUCTS, INC.



Principal Place of Business

4350 GULF SHORE BLVD
SUITE # 509
NAPLES FL 33940
US

Mailing Address

C/O EURO-AMERICAN FIN SVC. INC.
5117 CASTELLO #1
NAPLES FL 34103
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1995

4. FEI Number

65-0617915

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 7519 MILL POND CIRCLE

Suite, Apt. #, etc.

22 City & State

23 NAPLES FL

Zip Country

24 34109 25

2a. Mailing Address

26 7519 MILL POND CIRCLE

Suite, Apt. #, etc.

27 City & State

28 NAPLES FL

Zip Country

29 34109 30

9. Name and Address of Current Registered Agent

AMBURN, JAMES
5117 CASTELLO DRIVE
STE. 1
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name

RICHARD R. RICCIANI

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

6371-4 PRESIDENTIAL COURT

83

84 City

Fort Myers

FL

85 Zip Code

33919

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

Richard R. Ricciani

RICHARD R. RICCIANI

3/23/99

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 ☐ DELETE

NAME DPS

STREET ADDRESS FIRNKES, OSKAR

CITY-ST-ZIP TAUBENSTRASSE 56

D-76189 KARLSRUHE, GERMANY

TITLE ☐ DELETE

NAME DVT

STREET ADDRESS WUNSCH, CORNELIA

CITY-ST-ZIP TAUBENSTRASSE 56

D-76189 KARLSRUHE, GERMANY

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS 7519 MILL POND CIRCLE

1.4 CITY-ST-ZIP NAPLES FL 34109

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 7519 MILL POND CIRCLE

2.4 CITY-ST-ZIP NAPLES FL 34109

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)