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

Mailing Address

404 N. MIRAMAR

INDIALANTIC FL 32903

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000080565 1. Corporation Name

Country

9. Name and Address of Current Registered Agent

25

DAVIDS, TIMOTHY J

404 N. MIRAMAR

DAMEIER II, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

404 N. MIRAMAR

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23

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Zip

INDIALANTIC FL 32903

INDIALANTIC FL 32903 83 Zip Code 85 84 City 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 (NOTE: Registered Agent signature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE rashing. 1.1 TITLE TITLE 1.2 NAME DAVIDS, TIMOTHY J NAME 1.3 STREET ADDRESS 404 N. MIRAMAR STREET ADDRESS 1.4 CITY-ST-ZIP INDIALANTIC FL 32903 CITY-ST-ZIP ☐ Addition DELETE 2.1 TTLE TITLE 2.2 NAME BREITMEIER, JAMES W NAME 417 SUNSET BLVD. 2.3 STREET ADDRESS STREET ADDRESS **MELBOURNE BEACH FL 32951** 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME . . . 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change 5.1 TITLE DELETE TITLE

Country

82

Name

30

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90007 046 ***150.00

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/16/1995 Applied For 4. FEI Number Not Applicable 59-3342680 \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing П Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible ΠNo Personal Property Tax. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CR2E034 (11/98) ☐ Addition

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.

6.4 CITY-ST-ZIP

52 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

vi.

4.74

活机公司 发酵

SE LETTER

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TIKE REQUIRED

☐ DELETE