

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000083116 (0)

1. Corporation Name

COLOGNE INVESTMENT, INC.

Principal Place of Business

Mailing Address

C/O EURO-AMERICAN CONSULTING, INC.
4001 TAMiami TRAIL N. #265
NAPLES FL 34109

C/O EURO-AMERICAN CONSULTING, INC.
4001 TAMiami TRAIL N. #265
NAPLES FL 34109-3591

3. Date Incorporated or Qualified
10/26/1995

3a. Date of Last Report
03/26/1996

2. Principal Place of Business

2a. Mailing Address

21 C/O EURO-AMERICAN FIN SVC INC

26 C/O EURO-AMERICAN FIN SVC INC

4. FEI Number

65-0630000

Applied For

Not Applicable

22 SUITE 1, 5117 CASTELLO DR.

27 SUITE 1, 5117 CASTELLO DR.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 NAPLES FL

28 NAPLES FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 34103

Country

29 34103

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FILTHAUT, RAINER
400 FIFTH AVE SO, #300
NAPLES FL 33940

81 Name JAMES W. AMBURN
82 Street Address (P.O. Box Number is Not Acceptable)
5117 CASTELLO DRIVE
83 SUITE 1
84 City NAPLES FL 85 Zip Code 34103

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]

JAMES W. AMBURN

4/24/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PSTD | <input type="checkbox"/> DELETE |
| NAME | JONDRA, INGRID | |
| STREET ADDRESS | AM KLEPESCH 13A | |
| CITY-ST-ZIP | D-50859 KOELN GERMANY | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | JONDRA, MANFRED | |
| STREET ADDRESS | AM KLEPESCH 13A | |
| CITY-ST-ZIP | D-50859 KOELN GERMANY | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JONDRA

Date

4/24/97 649 1152

Daytime Phone #

CR2E034 (9/96)