

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90211 030 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P95000090510**

1. Corporation Name  
**SIX-C CORP.**



Principal Place of Business  
 115 W. OLYMPIA AVENUE  
 PUNTA GORDA FL 33950

Mailing Address  
 POST OFFICE DRAWER 511447  
 PUNTA GORDA FL 33951-1447

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**11/28/1995**

4. FEI Number  
**98-0170879**

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

23. Zip Country

28. Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HACKETT, JACK O II**  
 115 W. OLYMPIA AVENUE  
 PUNTA GORDA FL 33950

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HOTTENROTT, MARKUS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOTTENROTT, MARKUS	1.2 NAME	
STREET ADDRESS	HOLZHECKE 31 60528	1.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKFURT GE	1.4 CITY-ST-ZIP	
TITLE	VD HOTTENROTT, VICTORIA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOTTENROTT, VICTORIA	2.2 NAME	
STREET ADDRESS	HOLZHECKE 31 60528	2.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKFURT GE	2.4 CITY-ST-ZIP	
TITLE	SD HOTTENROTT, CHRISTA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOTTENROTT, CHRISTA	3.2 NAME	
STREET ADDRESS	HOLZHECKE 31	3.3 STREET ADDRESS	
CITY-ST-ZIP	60528 FRANKFURT, GERMANY	3.4 CITY-ST-ZIP	
TITLE	TD HOTTENROTT, CHRISTOF	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOTTENROTT, CHRISTOF	4.2 NAME	
STREET ADDRESS	HOLZHECKE 31	4.3 STREET ADDRESS	
CITY-ST-ZIP	60528 FRANKFURT, GERMANY	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 any attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-99 011-47-69-  
 Date Daytime Phone # 61994957

CR2E034 (11/98)