Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90054 034 ***150.00

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

DOCUMENT # P95000095036

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

RIEDL ENTERPRISES, INC.

							<u>. 1184 (ena</u> 1881 (bio 684	i irii i o iii i ae i	
Principal Place of Business Mailing Address						, , <u> </u>			
3705 E. BAY DE	3.	3705 E. BAY DR.							
#207		#207				DO NOT WRITE IN THIS SPACE			
HOLMES BEACH	H FL 34217	HOLMES BE	HOLMES BEACH FL 34217						1
						 Date Incorporated or Qualified 12/15/1995 			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	pplied For	
21		26				<u>65-0631480</u>	No.	ot Applicable	
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.			5. Certifcate of Status Desired	T	Additional	
22						5. Certificate of Ctatus Desired	Fee R	equired	==
City: & State	• 	City & State				6. Election Campaign Financing	\$5.00	May Be	ļ
23		28				Trust Fund Contribution	Added	to Fees	1
Zip	Country	Zip Country			,	8. This corporation owes the current year Intangible			l
24	25 29				r cracital reporty rux.			□No	ļ
	9. Name and Address of Current	Registered Ag	istered Agent			10. Name and Address of New R	egistered Agent		-
				81	Name				
	l, gerhard			82	Stroot Ad	dress (P.O. Box Number is Not Acceptal	ble)		1
3705	E. BAY DR.		•			CEST (F.O. DOX NUMBER TO NOT NOT NO	J.O.		1
SUIT	E 207			83]
HOL	MES BEACH FL 34217								-
				84	City		FI 85 Zip	Code	Į
	t- th 607.050	2 and 607 1609	Elorida Statutas	the abov	e-named co	rporation submits this statement for the	ournose of changing its	s registered	1
l office or a	egistered agent, or both, in the State o	n Fiorida, Such	change was auth	orizea by	tne corpora	tion's board of directors. I hereby accep	t the appointment as re	egistered	-
agent. I a	m familiar with, and accept the obligat	ions of, Section	607.0505, Florida	a Statutes	3.				ĺ
SIGNATURE						in the state of th	DATE		١,
	Signature, typed or printed name of registered agent		. (NOTE: Re	_	nt signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFF		ORS IN 12	
12.	OFFICERS ANI	DIRECTORS	DELETE	13.		ADDITIONS/CITANOLO TO CIT	Change	☐ Addition	1 ;
TITLE	D CEDITADO		L, DELETE		[1:
NAME	RIEDL, GERHARD	III ADT 007		1.2 NAME					1
STREET ADDRESS	3705 EAST BAY DRIVE, PHASE III, APT. 207				TADDRESS				1
CITY-ST-ZIP	HOLMES BEACH FL 34217			1.4 CITY-5	T-ZIP		Change	Addition	1 8
TITLE	D		☐ DELETE	2.1 TITLE	1		[_] Ontange		ì
NAME	RIEDL, ELFRIEDE			2.2 NAME					
STREET ADDRESS	3705 East Bay Drive, Phase	III, APT. 207	·	2.3 STREE	TADDRESS				
CITY-ST-ZIP	HOLMES BEACH FL 34217			2. 4 CITY-	ST-ZIP				<u>{</u>
TITLE			DELETE	3.1 TITLE			☐ Change		
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREE	TADORESS				}
CITY-ST-ZIP	_			3.4. CITY-	ST-ZIP				1
TITLE			☐ DELETE	4.1 TITLE	Ţ		Change	Addition	-
NAME			i	4. 2 NAME					-
STREET ADDRESS				4.3 STREE	TADDRESS				-
CITY-ST-ZIP				4.4 CITY-5	ST-ZIP				
TITLE			DELETE	5.1 TITLE		PRO NOTATION AND ADDRESS OF THE PROPERTY OF TH	☐ Change	Addition	
NAME				5.2 NAME					
1				5.3 STREE	TADDRESS				1
STREET ADDRESS				5.4 CITY-S					
CITY-ST-ZIP			☐ DELETE	6.1 TITLE	-		☐ Change	Addition	1
(1				6.2 NAME	ļ		- ·		
NAME	1			E (117)-	1				1

14. I hereby certify that the information supplied with this filing does not quality 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 of bustee 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)