[Addition

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000014815

MUS

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23 Zip 24

CITY-ST-ZIP

TITLE

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90099 009 ***150.00

| Principal Place of Business \$12 72ND ST. | MUSIL P | RODUCTS INC. | | | | | | | |
|--|---|---|---|----------------------------|-------|-------------------|--|----------------|---------------------------|
| HOLMES BEACH FL 34217 DO NOT WRITE IN THIS SPACE | Principal Place of Business Mailing Address | | | | | | 1 186(188) (15 18(18 8)(1 88(11 88)))))))))) | #11 81881 1318 | |
| 2 Principal Place of Business | | | | | | | 3. Date Incorporated or Qualifed | SPACE | |
| Suite, Apt. #, etc. Suite, Ap | 2 Principal Pl | ace of Business | 2a. Mailing Address | | | | | T A | pplied For |
| Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & State 32 Country 33 Country 34 Country 35 Country 36 Country 37 Country 37 Country 38 Country 38 Trust Fund Contribution. 38 Trust Fund Contri | | | | | | | 65-0647549 | N | ot Applicable |
| City & State City & State | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | - | | — — — — | |
| Signature Signature Speaker Shalling Signature Shalling Shallin | | ¬, | | | | | | | |
| MUSIL-BUEHLER, SABINE 512 72ND ST. HOLMES BEACH FL 34217 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 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, or both make state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS IN 12 TITLE O DELETE 11. TITLE O SABINE MUSIL-BUEHLER STREET ADDRESS STREET | | · | | | ntry | | Personal Property Tax. | ☐ Yes | □No |
| MUSIL-BUEHLER, SABINE 512 72ND ST. HOLMES BEACH FL 34217 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE O | | 9. Name and Address of Curre | nt Registered Agent | | | | 10. Name and Address of New Registered A | gent | |
| 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pointed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE | 512 72ND ST. | | | | 83 | | Iress (P.O. Box Number is Not Acceptable) | | |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and fittle if applicable. SIGNATURE Signature, typed or pointed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | 84 | City | FL | 85 ZIP | Code |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE O DELETE 1.1 TITLE NAME SABINE MUSIL-BUEHLER STREET ADDRESS 512 72ND ST. 1.3 STREET ADDRESS CITY-ST-ZIP HOLMES BEACH FL 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE 22 NAME 22 NAME | office or r agent. I a SIGNATURE | egistered agent, or both, in the State m familiar with, and accept the oblig | e of Florida. Such change was ations of, Section 607.0505, Fl | authorized lorida Stati | ites. | ine corporat | poration submits this statement for the purpose of constraint of directors. I hereby accept the appoint | thanging its | s registered egistered |
| TITLE | | | | | Agent | signature require | da Miniti (dinopung) | D DIRECT | ORS IN 12 |
| NAME SABINE MUSIL-BUEHLER 12 NAME STREET ADDRESS 512 72ND ST. 1.3 STREET ADDRESS CITY-ST-ZIP HOLMES BEACH FL 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition | | | | | n E | | ADDITIONS/CHANGES TO OFFICENS AND | | |
| STREET ADDRESS CITY-ST-ZIP HOLMES BEACH FL 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE NAME 22 NAME | | · · | | | | | | _ , | |
| CITY-ST-ZIP HOLMES BEACH FL 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE NAME 22 NAME | | *************************************** | | | | ADDRESS | | | |
| TITLE | • | LIGHAGE REACH EL | | | | | | | |
| NAME 2.2 NAME | | HOLINEO BEAGITTE | ☐ DELETE | | | -211 | | Change | Addition |
| 11 410. | | | <u> </u> | | | | | | |
| | - | | | | | ADDRESS | | | |

3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP . Change Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

2.4 CITY-ST-ZIP

3.1 TITLE

☐ DELETE

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 opporation 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 chapter 607 and attachment with an address with all other like empowered.

SIGNATURE:

SABINE MUSIL-BUEHLER