

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

FILED  
Feb 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000018035 (1)  
1. Corporation Name  
R. DRYGALA INC.

Principal Place of Business  
423 SW 34TH ST  
CAPE CORAL FL 33914

Mailing Address  
423 SW 34TH ST  
CAPE CORAL FL 33914



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1932 PICCADILLY CIRCLE Suite, Apt. #, etc. 22 TRAFALGAR WOODS City & State 23 CAPE CORAL FL. Zip 24 33991		2a. Mailing Address 26 1932 PICCADILLY CIRCLE Suite, Apt. #, etc. 27 TRAFALGAR WOODS City & State 28 CAPE CORAL FL. Zip 29 33991		3. Date Incorporated or Qualified 02/26/1996		4. FEI Number 65-0658316		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Additional Fee Required \$8.75 \$5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent DRYGALA, RAINER 423 SW 34TH ST CAPE CORAL FL 33914				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 *Raimundo V.P.* 2-1-98  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	ROSEMARIE DRYGALA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRYGALA, RAINER	1.2 NAME	PRESIDENT
STREET ADDRESS	423 SW 34TH ST	1.3 STREET ADDRESS	1932 PICCADILLY CIRCLE
CITY-ST-ZIP	CAPE CORAL FL 33914	1.4 CITY-ST-ZIP	CAPE CORAL FL 33991
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	DRYGALA, RAINER
STREET ADDRESS		2.3 STREET ADDRESS	1932 PICCADILLY CIRCLE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CAPE CORAL FL 33991
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	DRYGALA, ROSEMARIE
STREET ADDRESS		3.3 STREET ADDRESS	1932 PICCADILLY CIRCLE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CAPE CORAL FL 33991
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 as an attachment with an address.

SIGNATURE *Raimundo V.P.* 2-1-98

CR2E034 (10/97)