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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600036887

Country

PARTHEYMULLER, HORST **408 PROSPECT AVE**

LEHIGH ACRES FL 33936

9. Name and Address of Current Registered Agent

PL HOME SERVICES CORP.

Principal Place of Business 408 PROSPECT AVE LEHIGH ACRES FL 33936

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

2

3

4

Zip

Mailing Address 408 PROSPECT AVE LEHIGH ACRES FL 33936

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

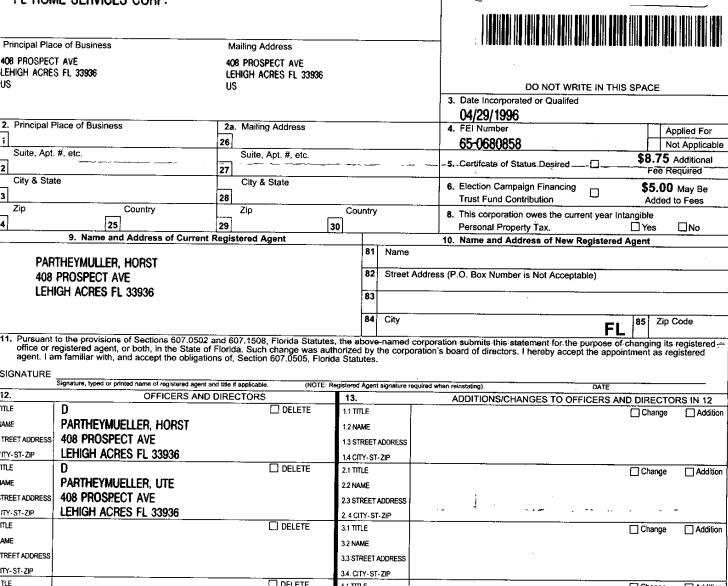
27

28

Zip

FILED Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90022 025 ***150.00



SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ITLE ☐ DELETE 1.1 TITLE PARTHEYMUELLER, HORST AME 1.2 NAME CR2E034 **408 PROSPECT AVE** TREET ADDRESS 1.3 STREET ADDRESS LEHIGH ACRES FL 33936 ITY-ST-ZIP 1.4 CITY-ST-ZIP TILE ☐ DELETE 2.1 TITLE IAME PARTHEYMUELLER, UTE 2.2 NAME **408 PROSPECT AVE** TREET ADDRESS 2.3 STREET ADDRESS LEHIGH ACRES FL 33936 ITY-ST-ZIP 2. 4 CITY-ST-ZIP TLE DELETE 3.1 TITLE AME 3.2 NAME

Country

81

84 City

30

TREET ADDRESS 3.3 STREET ADDRESS ITY-ST-ZIP 3.4. CITY-ST-ZIP ΉF ☐ DELETE 41 TITLE ☐ Change ☐ Addition 4. 2 NAME TREET ADDRESS 4.3 STREET ADDRESS TY-ST-ZIP 4.4 C/TY-ST-ZIP ΠF ☐ DELETE 5.1 TITLE Change ☐ Addition AME 5.2 NAME TREET ADDRESS 5.3 STREET ADDRESS TY-ST-ZIF 5.4 CITY-ST-ZIP TLE ☐ DELETE 6.1 TITLE

TY-ST-ZIP 6.4 CITY-ST-ZIP 4. 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 for on an attrooment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.2 NAME

IGNATURE:

ME

REET ADDRESS

RHORST : PARTHEY MUELLER

☐ Addition

☐ Change