## 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 # P96000042038

F.B.V. FACTORY OF BE				
Principal Place of Business	Mailing Address	3		f ibbildel ich ibrid beite barte an
9652 WINDSOR GARDENS LANE. UN	IIT 202 9652 WINDSOR	GARDENS LANE. UNIT 20:	2	
FORT MYERS FL 33919	FORT MYERS FL	. 33919	•	DO NOT WRI
			3	Date Incorporated or Qualified 05/16/1996
2. Principal Place of Business	2a. Mailing Add	ress	4	. FEI Number
21	26			65-0667312
Suite, Apt. #, etc.	Suite, Apt. #	ŧ, etc.	5	. Certifcate of Status Desired
City & State	City & State		6	. Election Campaign Financing
23	28			Trust Fund Contribution
Zip Col 24 1 25	untry Zip	Country 30	8	<ul> <li>This corporation owes the cur Personal Property Tax.</li> </ul>
	idress of Current Registered Agent	1 1	10	). Name and Address of New
AMERII AWYER CHAR		81	Name	
343 ALMERIA AVENUI	<b>E</b>	82	Street Address (	P.O. Box Number is Not Accept
CORAL GABLES FL 3	3134	83		

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90251 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

Fee Required

Not Applicable \$8.75 Additional

· <b>~</b>   `		2 1									
City.&.State	teCity & State=28			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees							
Zip	Country	Zip	···	Country	<i></i>	A. This cornoration ower	s the current year I	ntangible			
	25 29 30				8. This corporation owes the current year Intangible Personal Property Tax. Ayes \( \sum No \)						
4 1 25 25 29 30 30 30 30 4 1 25 30 30 30 30 30 30 30 30 30 30 30 30 30					10. Name and Address of New Registered Agent						
<del></del>	5. Hame and Address of Carrent			81	Name						
AMEI	RILAWYER CHARTERED										
343 ALMERIA AVENUE CORAL GABLES FL 33134			82	Street Addre	ess (P.O. Box Number is No	ot Acceptable)					
			83	-							
33,1				"							
	•			84	City	· • • • • • • • • • • • • • • • • • • •	F	85 Zip C	ode		
					L				a mintered		
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Su	ch change was aut	thonzed by	the corporation	oration submits this statements board of directors. I her	eby accept the app	ointment as reg	istered		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applica	ble (NOTE: F	Registered Age	nt signature required	d when reinstating)	DATE	****			
12.	OFFICERS AND			13.		ADDITIONS/CHANGE	S TO OFFICERS	AND DIRECTOR	RS IN 12		
ште	PSTD		☐ DELETE	1.1 TITLE				☐ Change	Addition		
NAME	RURAINSKI, KARL-HEINZ			1.2 NAME							
STREET ADDRESS	9652 WINDSOR GARDENS LAN	E LINIT 20	,	1.3 STREE	TADDRESS						
	FORT MYERS FL 33919	L, 01111 LO	•	1.4 CITY-8	1						
CITY-ST-ZIP	TORT WILEGIL 33919		☐ DELETE	2.1 TITLE	31-21		- <del></del>	Change	☐ Addition		
TITLE				2.2 NAME					_		
NAME .											
STREET ADDRESS					TADDRESS						
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP			. Change	Addition		
TITLE	· · · · •		DELETE	3.1 TITLE	` -	- '-	* · ·	. Change	Addition		
NAME	•			3.2 NAME							
STREET ADDRESS				3.3 STREE	T ADDRESS						
CITY-ST-ZIP				3.4. CITY-	ST-ZIP						
TITLE			☐ DELETE	4.1 TITLE				☐ Change	Addition		
NAME				4. 2 NAME	:						
STREET ADDRESS				4.3 STREE	T ADDRESS						
CITY-ST-ZIP				4.4 CITY-5	ST-ZIP						
TITLE			☐ DELETE	5.1 TITLE		1.4.2.2		☐ Change	Addition		
NAME				5.2 NAME			•	•			
				5.3 STREE	ET ADDRESS						
STREET ADDRESS	t			5.4 CITY-							
CITY-ST-ZIP			□ DELETE	6.1 TITLE				☐ Change	[ ] Addition		
TITLE				6.2 NAME							
NAME		•			1				•		
	1			0.3 STRE	ET ADDRESS						
STREET ADDRESS	•				- 1						
CITY-ST-ZIP	certify that the information supplied wit		n'	6.4 CITY-					F		