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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000044208 (2)

GEWECKE ENTERPRISES. INC.

FILED Jan 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 110 WALL STREET 110 WALL STREET REDINGTON SHORES FL 33708 **REDINGTON SHORES FL 33708** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 21 26 59-3386906 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ASHCRAFT, EDELGARD G EQUIRE 300-31ST STREET NORTH 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 206 R3 ST. PETERSBURG FL 33713 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 13. DPT ☐ DELETE Change Addition TITLE 1.1 TITLE NAME GEWECKE, PETER H 1.2 NAME 110 WALL STREET STREET ADDRESS 1.3 STREET ADDRESS REDINGTON SHORES FL 33708 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE TITLE Change Addition 2.1 TITLE GEWECKE, MONIKA C NAME 22 NAME 110 WALL STREET STREET ADDRESS 2.3 STREET ADDRESS **REDINGTON SHORES FL 33708** CITY-ST-ZIP 2.4 City-St-ZiP DELETE Addition Change TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 2IP DELETE TITLE ☐ Change ■ Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 5.1 TITLÉ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 on an attachment with an address.