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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000047212 (1)

GASSNER DEVELOPMENT, INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							\$18 0 1 0 2
720 S.W. 53RD TERRACE P.O. BOX 1361 CAPE CORAL FL 33914 LEHIGH ACRES FL 33970					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					06/04/1996		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
21 1305 Honestead Rd. 26					65-0769779	N ₁	ot Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional
22 Unit D+E 27 City & State City & State							equired
23 Lehigh Acres, FL 28					6. Election Campaign Financing Trust Fund Contribution	Added Added	May Be to Fees
	Zip Codntry Zip Cod			. This corporation offers of has paid the content year intalignate			
24 354 36 25 M·J·A . 29 30 30 9, Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
nc nc	**	Togratores Agent	81	Name	IV. Harre and Address of New Ne	Mistored Whoter	
PFUNER, HEINZ S 613 L'HOMMEDIEU STREET							
LEHIGH ACRES FL 33936				Street Addr	ress (P.O. Box Number is Not Acceptat	ole)	
	THAT HONES I'E SOSSO		83				
			-	0.			
			84	City		FL 85 Zip	Code
I office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	of Florida. Such change was au	uthorized to	v the corporate	poration submits this statement for the place in submits the statement for the place in the statement of directors. I hereby acceptions	ourpose of changing in pt the appointment as	ts registered registered
SIGNATURE							-
40	Signature, typed or profied name of registered agen			ant signature require	red when reinstaling)	DATE	
12.			13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR Change	Addition
NAME	AAAAUGA AUDDEAA		1.2 NAME			L. Change	L Addition
STREET ADDRESS	day and minutes are sense.		1.3 STREET	ADDRESS			
CITY+ST-ZIP	CAPE CORAL FL 33914		1.4 CITY - S				1
TITLE			2.1 TITLE	1 20		Change	Addition
NAME	GASSNER, KUNIGUNDE 22		2.2 NAME	1			_
STREET ADDRESS	TAA AMI TANA TANA AM		2.3 STREET	ADDRESS		***	!
CITY-ST-ZIP	CARE CORAL EL COCTO		2. 4 CITY-	S1-ZIP			
TITLE	4		3.1 TITLE			☐ Change	Addition
NAME	PFUNER, HEINZ S 32		3.2 NAME				
STREET ADDRESS	• 10 - 110 - 110 - 110		3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST - ZIP			
TITLE		DELETE	4.1 TITLE			☐ Change	Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP		Devete	4.4 CITY - S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - S	T-ZIP		Charge	Addition
			6.1 TITLE			Change	Addition
NAME Street address	1		6.2 NAME	ADDRESS			
1			6.3 STREET	i			
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for	6.4 CITY - S		Section 119 07(3)(i) Florida Statutes I	further certify that the	information

removement the mormation supplied with this filing does not quality 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 for the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if change it, in on an attachment that a property of the corporation o