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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000047212 1. Corporation Name

GASSNER DEVELOPMENT, INC.

Principal Place of Business Mailing Address 1305 HOMESTEAD RD P.O. BOX 1361 INIT D&E LEHIGH ACRES FL 33970	
TOO TIOMED TEN	
LEHIGH ACRES FL 33936	PACE
3. Date incorporated or Qualified 06/04/1996	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 1140 Lee Blud. 26 65-0769779	Not Applicable
	\$8.75 Additional
22 Juile 101 27	Fee Required
City & State City & State 6. Election Campaign Financing	\$5.00 May Be - Added to Fees
23 - Leni (n	
	Yes □No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Ag	jent
81 Name	
PFUNER, HEINZ S 82 Street Address (P.O. Box Number is Not Acceptable)	
613 L'HOMMEDIEU STREET LEHIGH ACRES FL 33936	
84 City FL	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 choffice 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 appointr 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) DATE	nom as registeres
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND	
Title P	Change Addition
NAME GASSNER, ANDREAS 1.2 NAME	
STREET ADDRESS 720 SOUTHWEST 53RD TERRACE 1.3 STREET ADDRESS 1.4 STREET ADDRESS 1.4 STREET ADDRESS 1.4 STREET ADDRESS 1.5 STREE	
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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 popolation or the reserves of 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 chapter), or oh an attachment with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

941.369.8389

May 08, 1999 8:00 am Secretary of State

05-08-1999 90037 004 ***150.00