PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15, 1999 8:00 am
Secretary of State
05-15-1999 90016 048 ***150.00

DOCUMENT # P96000048285

1. Corporation Name

RIESLING, INC.

[redacted]

Mailing Address

C/O CASEY K. MIKLAS, CPA, PA
660 BALD EAGLE DRIVE
MARCO ISLAND, FL 34145

P.O. BOX 457
MARCO ISLAND, FL
34146-0457

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27
City & State	City & State 28
Zip / Country 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 6/6/96

4. FEI Number: 59-3410103 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JOHN A. NOLD, P.A.
ATTORNEY AT LAW
995 N. COLLIER BLVD.
MARCO ISLAND, FL 34145

10. Name and Address of New Registered Agent

81 Name: MANFRED WEGENER
82 Street Address (P.O. Box Number is Not Acceptable): 381 COTTAGE COURT
83: MARCO ISLAND, FL 34145
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 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: t Manfred Wegener — MANFRED WEGENER, PRESIDENT — 5/1/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D, P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MANFRED WEGENER	1.2 NAME	
STREET ADDRESS	381 COTTAGE COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	1.4 CITY-ST-ZIP	
TITLE	D, S, T ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	INGE WEGENER	2.2 NAME	
STREET ADDRESS	381 COTTAGE COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		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		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E024 (10/97)

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 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.

SIGNATURE: t Manfred Wegener — MANFRED WEGENER, PRESIDENT — 4/30/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0442529