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

Mailing Address

PROFIT **CORPORATION ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90040 033 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600050028

Principal Place of Business

CITY-ST-ZIP

SIGNATURE

JAKOB KAHLES, INC.

156 SW 54TH CAPE CORAL I		156 SW 54TH TERRACE CAPE CORAL FL 33914 US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 06/10/1996		2
2. Principal P	tace of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
21					65-0686379	No.	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					·		Additional
27					5. Certificate of Status Desired	•	equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 28					Trust Fund Contribution	Added	
Zip			Country		This corporation owes the current year I		10 1 000
_ `	25 29 30		¬ ´		Personal Property Tax.	ntangible □Yes	⊠ No
24	9. Name and Address of Current		30		10. Name and Address of New Registere		
	5. Name and Address of Current	Registered Agent	81	Name	IV. Hame and Address of New Registere	3 Agent	
A SEE	MANN, ERNEST A	Same and the same of the same	. [1421110			
4729 DEL PRADO BLVD			82	82 Street Address (P.O. Box Number is Not Acceptable)			
				<u> </u>			
CAP	E CORAL FL 33904	•	83	³		高級 胡蘭	
		•	84	City		85 Zip	Code
***				City	F		
SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent	ions of, Section 607.0505, Florida	a Statute	S	tion's board of directors. I hereby accept the app	intment as re	gistered
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		8 (8 196)	. Change	☐ Addition
NAME	KAHLES, ACHIM J		1.2 NAME				
STREET ADDRESS				TADORESS		•	
	D-63303 DREIEICH, GERMANY			1			
CITY-ST-ZIP	D-00000 DREIEICH, GERMANT		1.4 CITY-S 2.1 TITLE	\$1-ZIP		Change	Addition
TITLE		_ beceie			•		
NAME			2.2 NAME				
STREET ADDRESS	· •		2.3 STREE	TADDRESS	•		J
CITY-ST-ZIP	a judica as displaying	the state of the s	2.4 CITY-	ST-ZIP			
TITLE (1989)	latter as	DELETE	3.1 TITLE			Change	Addition
NAME	The state of the s		3.2 NAME	'			
STREET ADDRESS	NOTE TO SEE THE SECOND		3.3 STREE	TADDRESS	19 - 12 - 12 - 12 - 13 - 13 - 13 - 13 - 13	was a negative	
CITY-ST-ZIP		•	3.4. CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS	Mark Comments			T ADDRESS			• `
***		· · · · · · · · · · · · · · · · · · ·					
CITY-ST-ZIP		☐ DELETE	4.4 CITY-5 5.1 TITLE	DI-ZIP		☐ Change	: Addition
TITLE		☐ ₽ ₽₽₽1	5.1 HILLE 5.2 NAME				
NAME				TADDDEPE			
STREET ADDRESS	7:	•		T ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	SI-ZIP			
TITLE	ANTO BOTH OF THE STATE OF THE S	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition (
NAME .			6.2 NAME				1
STREET ANDRESS	Barren State		6.3 STREE	TADDRESS	•		

6.4 CITY-ST-ZIP

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