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Feb 14 1997 8:00am
Secretary of State

FOR PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000054266 (7)**

1. Corporation Name
SOUTH ENTERPRISES INC.

600002088136
-02/14/97--01033--032
***165.00

Principal Place of Business	Mailing Address
1616 W. CAPE CORAL PKWY. S175 CAPE CORAL FL 33914	1616 W. CAPE CORAL PKWY. S175 CAPE CORAL FL 33914-6979

3. Date Incorporated or Qualified: 06/26/1996
3a. Date of Last Report:

2. Principal Place of Business
21 5336 S.W. 10th Ave
22 Suite, Apt. #, etc.
23 City & State: Cape Coral, Fl
24 Zip: 33914 25 Country: Lee

2a. Mailing Address
26 1616 W. Cape Coral Pkwy
27 Suite 175
28 City & State: Cape Coral, Fl
29 Zip: 33914 30 Country: Lee

4. FEI Number: Tax: # 65-0680123 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
KUPPERS, RUTH R
1616 W. CAPE CORAL PKWY. S175
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent
81 Name: Michaela Kuppers
82 Street Address (P.O. Box Number is Not Acceptable): 5336 S.W. 10th Ave
83
84 City: Cape Coral FL 85 Zip Code: 33914

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: R. Kuppers M. Kuppers 01.27.97
Signature, type or print name of officer. Signature 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	OFFICER ☐ DELETE	1.1 TITLE	OFFICER O ☐ Change ☐ Addition
NAME	Ruth Kuppers	1.2 NAME	Michaela Kuppers
STREET ADDRESS	1616 W Cape Coral Pkwy S.175	1.3 STREET ADDRESS	1616 W. Cape Coral Pkwy S. 175
CITY-ST-ZIP	Cape Coral, Fl. 33914	1.4 CITY-ST-ZIP	Cape Coral, Fl. 33914
TITLE	OFFICER ☐ DELETE	2.1 TITLE	OFFICER O ☐ Change ☐ Addition
NAME	Wilfried Kuppers	2.2 NAME	GERD Giesen
STREET ADDRESS	1616 W Cape Coral Pkwy ~~S.175~~	2.3 STREET ADDRESS	1616 W. Cape Coral Pkwy S. 175
CITY-ST-ZIP	Cape Coral, Fl 33914	2.4 CITY-ST-ZIP	Cape Coral, Fl 33914
TITLE	☐ DELETE	3.1 TITLE	~~President~~ P ☐ Change ☐ Addition
NAME		3.2 NAME	Michaela Kuppers
STREET ADDRESS		3.3 STREET ADDRESS	1616 W. Cape Coral Pkwy S. 175
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Cape Coral, Fl 33914
TITLE	☐ DELETE	4.1 TITLE	~~Vice President~~ V.P. ☐ Change ☐ Addition
NAME		4.2 NAME	Friedhelm Langenbeck
STREET ADDRESS		4.3 STREET ADDRESS	1616 W Cape Coral Pkwy S. 175
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Cape Coral, Fl 33914
TITLE	☐ DELETE	5.1 TITLE	~~Treasure~~ T. ☐ Change ☐ Addition
NAME		5.2 NAME	Gerd Giesen
STREET ADDRESS		5.3 STREET ADDRESS	1616 W. Cape Coral Pkwy S.175. 2/14
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Cape Coral, Fl 33914 X)
TITLE	☐ DELETE	6.1 TITLE	~~Secretary~~ S. ☐ Change ☐ Addition
NAME		6.2 NAME	Michaela Kuppers
STREET ADDRESS		6.3 STREET ADDRESS	1616 W. Cape Coral Pkwy S.175
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Cape Coral, Fl 33914

CR2E034 (9/96)

14. I do 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: M. Kuppers 01.27.96 / 941 549 9390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0401207