

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

FILED  
Feb 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000054266 (7)

1. Corporation Name

SOUTH ENTERPRISES INC.

Principal Place of Business

5336 S.W. 10TH AVE  
CAPE CORAL FL 33914

Mailing Address

1616 W. CAPE CORAL PKWY  
SUITE 175  
CAPE CORAL FL 33914

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1996

4. FEI Number

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 5336 S.W. 10th Ave

Suite, Apt. #, etc.

22

City & State

23 Cape Coral, FL

Zip

24 33914

Country

25 Lee

2a. Mailing Address

26 1616 W. Cape Coral Pkwy

Suite, Apt. #, etc.

27

City & State

28 Cape Coral, FL

Zip

29

Country

30

9. Name and Address of Current Registered Agent

KUPPERS, MICHAELA  
5336 S.W. 10TH AVE  
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

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

Michaela Kuppers / M. Kuppers

(NOTE: Registered Agent signature required when reinstating)

01-29-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SP  
KUPPERS, MICHAELA  
STREET ADDRESS 1616 W. CAPE CORAL PKWY S. 175  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ DELETE

NAME T  
GIESEN, GERO  
STREET ADDRESS 1616 W. CAPE CORAL PKWY S. 175  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ DELETE

NAME V  
LANGENBECK, FRIEDHELM  
STREET ADDRESS 1616 W. CAPE CORAL PKWY S. 175  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7000002424837

-02/09/98--01034--021

\*\*\*150.00

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

M. Kuppers

01-29-98

1911-51922

CR2E034 (10/97)