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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000056653 (4)

PEPPONE ENTERPRISE, INC.

Principal Place of Business Mailing Address 7141 LENAPE CIRCLE 7141 LENAPE CIRCLE **NEW PORT RICHEY FL 34653 NEW PORT RICHEY FL 34653** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/05/1996 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3411217 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution Zip This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KRUMMENACHER, FREDY 7141 LENAPE CIRCLE Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34653** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change DELETE Addition TITLE 1.1 TITLE KRUMMENACHER, FREDY NAME 1.2 NAME 7141 LENAPE CIRCLE STREET ADDRESS 1.3 STREET ADDRESS **NEW PORT RICHEY FL 34653** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MUELLER, PETER NAME 2.2 NAME WALDEGGSTRASSE 26 2.3 STREET ADDRESS STREET ADDRESS **6020 EMMENBRUCKE SWITZERLAND** CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE 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 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME

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 suppliemental 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:

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ Change

Addition

FILED

Apr 29 1998 8:00am

Secretary of State