SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Suite, Apt. #. etc.

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000068987 (2)

HOELTKE PLANNING & CONSTRUCTION. INC.

Country

9. Name and Address of Current Registered Agent

25

LANE, PAUL CAMP 5401 S. KIRKMAN RD.

ORLANDO FL 32819

SUITE 500

Principal Place of Business	Mailing Address
2136 SOUTHEAST 20TH PLACE	2136 SOUTHEAST 20TH PLACE
CAPE CORAL FL 33990	CAPE CORAL FL 33990

26

27

28

29

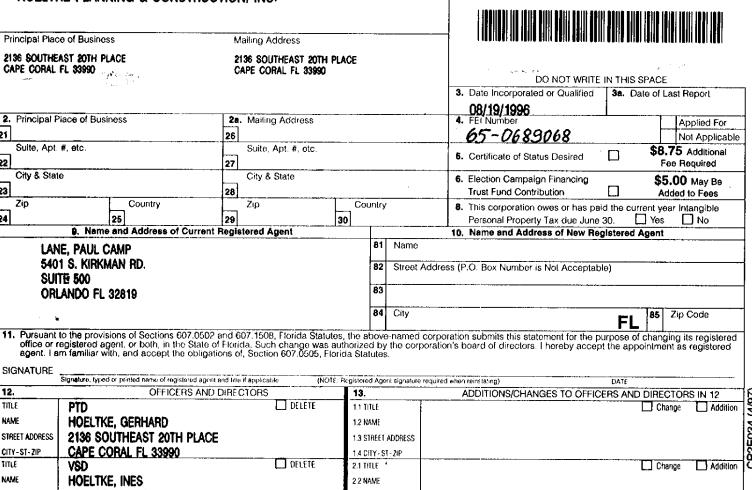
2a. Mailing Address

City & State

Zφ

Suite Apt. #, etc.

FILED Aug 06 1997 8:00am Secretary of State



CU. 1 _ /UEO

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. TITLE PTD DELETE 1.1 TITLE NAME HOELTKE, GERHARD 1.2 NAME 2136 SOUTHEAST 20TH PLACE STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL 33990 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE VSD 2.1 TITLE * NAME HOELTKE, INES 2136 SOUTHEAST 20TH PLACE STREET ADDRESS 2.3 STREET ADDRESS CAPE CORAL FL 33990 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change | ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 6.1 TITLE Change Addition 900002260969 -08/07/97--01053--009 NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** ***55Q.00 CITY-ST-ZIP 6.4 CITY-ST-ZIP

Country

83

84

30

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 information indicated on this annual report or supplemental annual report is true and accurate and that my signature I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required appears in Block 12 or Block 13 if changed, or on an attachment with an address. (8)(i), Florida Statutes. I further certify that the and that my name effect as if made under oath; that