May 07, 1999 8:00 am Secretary of State

05-07-1999 90079 034 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000069676

1. Corporation Name

CARSTENS INVESTMENTS INC.

Principal Place	of Business	Mailing Address		4 INBIIDO) ICO SOCIO DEINI DONI DONI DONI	(& 91118 IB)1\$ 91111 (BB14 B111 1881
2198 MAIN 3T	-	2190 MAIN-ST			
SARASOTA FL 94297		SARASOTA FL-34297			
US-		U\$ -		DO NOT WRITE IN THIS SPACE	
				 Date Incorporated or Qualifed 08/21/1996 	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65- <u>0691037</u>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible
24	25	29 3	0	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent
1454	ICCU PETED 4		81 Name	HOMAS C. ROBERGE	
JAENSCH, PETER J.			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
2108 MAIN ST			L BE	ACH AR JE - STE	220
SAH	asota fl 3423 7	0 0 4	83		
	no longer	Rag. Agant	84 City		85 Zip Code
!	V	3 3	84 City	PETERSRUAGE F	L 3 2 201
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		OBERGE	/	4/16,	//>
12.	Signature, typed or printed name of registered agen OFFICERS AN		egistered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D OF FREE PAR	☐ DELETE	1.1 T/TLE	7.0017.010.017.110.00 10 01.110.0107	☐ Change ☐ Addition
NAME	CARSTENS, UWE G		1.2 NAME		
	MATSCHILSSTRASSE 58		1.3 STREET ADDRESS		
STREET ADDRESS	FL9495 TRIESEN LIECHTENSTE	ZIN)			
CITY-ST-ZIP TITLE	PL9493 THIESEN LIECTTENSTE	I DELETE	1.4 C/TY-ST-ZIP 2.1 TITLE		Change Addition
		El percie	i		C triange C reserve
NAME			2.2 NAME		ļ
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CITY-ST-ZIP		☐ Change ☐ Addition 1
TITLE		C DECELE	3.1 TITLE		☐ Criange ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-Z/P		☐ DELETE	3.4. C/TY-ST-Z/P		Change Addition
TITLE					
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		∪ DELE≀E	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u>,</u>	Change Classes
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		ļ
STREET ADDRESS			63 STREET ADDRESS)
CITY-ST-ZIP		Į.	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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP