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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 11 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

ì	MENT # P9600 VESTORS, INC.	00071457	(1)] 					
Principal Place	e of Business	Mailing Address			· · · -			II IND OENIO ENIN DRIN OB	ANY MANYA KANYAN KAN	EL MAN KIN	H 81111 1001 1001	
3306 BE 22ND AVENUE		3306 SE 22ND AVENUE										
CAPE CORAL FL 33904			CAPE CORAL FL 33904				DO NOT WRITE IN THIS SPACE					
							3 Date inco	orporated or Qualit		OF ACE		_
							08/26/	•				
2. Principal P	lace of Business	2a. Mailing Addr	ss		·		4, FEI Numb				Applied For	-
21		26					65-07	708032			Not Applicable	9
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.				5. Certificate	e of Status Desired	ı 🗆	+	5 Additional	
22 Ciby & Ctol		Cau P Carto									e Required	_
City & State	ө	_ ′	City & State					Campaign Financii ad Caatribution	ng		00 May Be	
Zip	Country	Zip	+ + · · · · · · · · · · · · · · · · · ·				Trust Fund Contribution					
24	25	29	30	— <u>`</u>				Property Tax due	•	Yes	□ No	
	g. Name and Address of Curr	ent Registered Agent						nd Address of New		Agent		
SE	EMANN, ERNEST A ESO. 🖊			Bi	Name							
-472	29 DEL-PRADO BLVD:-	11056 CAP	& CORAL	82	Street	Addres	ss (P.O. Box N	lumber is Not Acce	eptable)			_
CAI	PE CORAL FL 33904		PKWY.									_
			<i>\</i>	03								
			U	84	City				EI	85	Zip Code	
11, Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, Florid	a Statutes, the	above ed by	e-named / the cor	l corpo	ration submits	this statement for	the purpose o	of changir	ng its registered	<u> </u>
agent 1 a	m familiar with, and accept the obl	igations of Section 607.	505, Florida St	atutes	S.	Portatio	TO DOUID OF O	HEOROIG: THORODY C	iccopt inc up	pointition	t da registered	
SIGNATURE								±	·			
12.	Signature, typed or printed harne of registered a OFT ICERS A	ND DIRECTORS	(NOTE Register		ont signature	oer cper	when reinstating)	IS/CHANGES TO C	DATE DEEICERS AN	D DIREC	TORS IN 12	
TITLE	D	☐ DE		TITLE		T	, abbillion	<u> </u>	7110210711	Chan		1
NAME	SCHAUDE, KLAUS		1.2	NAME								
STREET ADDRESS	1204 FLAMINGO DRIVE		13	STHEET	ADDRESS							
CITY-ST-ZIP	CAPE CORAL FL 33904	···		CITY-S	1-7IP	<u>L</u>						
TITLE	D	L] DE		TITLE						L Chan	nge L Addition	ı
NAME	SCHNEIDER-CHRISTIANS, N	MICHAEL		NAME		1						ĺ
STREET ADDRESS	3306 SE 22ND AVENUE				ADDRESS	ļ						
CITY-ST-ZIP TITLE	CAPE CORAL FL 33904	DE		CITY-S	S1 - ZIP	 -	···-			☐ Chan	ge Addition	_
NAME		5.4		NAME		1						
STREET ADDRESS					ADDRESS	İ						i
CITY-ST-ZIP				CITY-S	ST - ZIP	<u> </u>						_
TITLE	· - · · · · · · · · · · · · · · · · · ·	☐ DE	ETE 4.1	TITLE						Chan	ige 🔲 Addition	ı
NAME			4. 2	NAME								į
STREET ADDRESS			4.3	STREET	ADDRESS							
CITY-ST-ZIP		DE DE		INY-S	1 - ZIP	 -	·			☐ Chan	as Addition	_
TITLE		pt		IITLE HANG						L Chan	ge Addition	
NAME Street address				NAME STREET	ADDRESS							
CITY-ST-ZIP			1	DITY-S.		[
TITLE		DE		INTLE		 -				Chan	ge Addition	
NAME				NAME		l						
STREET ADDRESS			6.3	STREE1	ADDRESS							
CITY-ST-ZIP				CITY-SI		<u></u>						
14. I hereby of indicated	certify that the information supplied on this annual report or supplement	with this filing door not a	jualify for the ea	empt	tion state	ed in Se anature	ection 119.07() shall have the	3)(i), Florida Statut same legal effect	es. I further c	ertify that	the information that I am an	1
officer or of Block 12 of	on this annual report or supplement director of the corporation or the re or Block 13 if changed, or on an at	eceiver or trustee empow tachment with arraddres	ored to execute	this r	report as	requir				my name	appears in	
	·	/ 1	•		•			4102/0	α	1		ı