Applied For

□No

Fee Required

\$5.00 May Be Added to Fees

Not Applicable \$8.75 Additional

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 # P96000072524

1. Corporation Name

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JAENSCH, PETER J

WINKLER INVESTMENT, INC.				
Principal Place of Business	Mailing Address			
21 98 MAIN STREET. SARASOTA FL-94237	-2190 MAIN STREET -SARASOTA FL 34297			
Principal Place of Business	2a Mailing Address			
21 711 PAMELA DR	2a. Mailing Address 26 6371-4 PRESIDENTIAL CT.			
Suite Ant # etc	Suite Apt # etc			

29

9. Name and Address of Current Registered Agent

Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90256 020 ***150.00

FILED



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 08/30/1996 4. FEI Number

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

6. -Election Campaign Financing .-

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

65-0692758

2 108 MAIN STREE T			6371-4 REFIDENTIAL COURT						
SAR	ASOTA FL-34237	83							
		84	_	City		85 Zip C	orte		
			ļ	FORT MYERS FC	. FI	└ │ <i>│ ∄३;</i>	919		
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, Whed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.		3.	it sigi	ADDITIONS/CHANGES		ND DIRECTO	RS IN 12		
TITLE		TITLE				☐ Change	Addition		
NAME	WINKLER, KLAUS-DIETER 1.	NAME							
STREET ADDRESS	AU IDOTAL OTD. 40	STREE	T ADO	DRESS			Ì		
CITY-ST-ZIP	76437 RASTATT, GERMANY 1.	CITY-S	T-ZIP	P					
TITLE	☐ DELÉTE 2.	TITLE				☐ Change	☐ Addition		
NAME	2	NAME					ľ		
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CITY-ST-ZIP	2.	4 CITY- 9	3T- Z3F	P					
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CITY-ST-ZIP		CITY-S	T-ZIP	s					
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STREET ADDRESS	5.	STREET	(ADD	CRESS					
CITY-ST-ZIP		CITY-S	T-ZIP						
TITLE	DELETE 6.	TITLE				Change	☐ Addition		
NAME	6.	NAME							
STREET ADDRESS	6.	STREET	(ADD	DRESS	-		ļ		
CITY-ST-ZIP		CITY-S							
14. I hereby c	ertify that the information supplied with this filing does not qualify for the e	xempti	ion s	stated in Section 119.07(3)(i). Florida St	atutes. I further ce	ertify that the in	formation		

Country

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33919

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 of an attachment with an address, with all other like empowered.

SIGNATURE:

IGNING OFFICER OR DIRECTOR

Daytime Phone #