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

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 14 1998 8:00am
Secretary of State

DOCUMENT # P96000098731

1. Corporation Name

SOUTHWEST SUNCOAST REALTY, INC.

Principal Place of Business	Mailing Address
4729 Del Prado Blvd. Cape Coral, FL 33904	4729 Del Prado Blvd. Cape Coral, FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/04/96

2. Principal Place of Business	2a. Mailing Address
21 3405 SE 18th Place	26 3405 SE 18th Place
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Cape Coral, FL	City & State 28 Cape Coral, FL
Zip 24 33904 / Country 25 USA	Zip 29 33904 / Country 30 USA

4. FEI Number: 65-0723462 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KOSZULINSKI, GEORGE W. 5213 SW 8th Place Cape Coral, FL 33914	81 Name: ERNEST A. SEEMANN 82 Street Address (P.O. Box Number is Not Acceptable): 1105 Cape Coral Pkwy. E., suite C 83 84 City: Cape Coral FL 85 Zip Code: 33904

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] 8/19/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Koszulinski, Georg W 5213 SW 8th Place Cape Coral, FL 33914	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Eller-Geiser, AMy 3405 SE 18th Place Cape Coral, FL 33904	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Geiser, Patrizia 3405 SE 18th pLace Cape Coral, FL 33904	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P Geiser, Helmuth 3405 SE 18th Place Cape Coral, FL 33904	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Eckermann, Joern Brookdiech 16 21029 Hamburg, Germany	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DT Eckermann, Joern Brookdeich 16 21029 Hamburg, Germany	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VPS Shevlin, MIchael C/o 3405 SE 18 Place Cape Coral, FL 33904	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	700002638397 -09/14/98--01142--024 ***150.00	☐ Change ☐ Addition

CR2E034 (10/97)

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.

SIGNATURE: X [signature] Helmut Geiser, President 9/14/98 941-549-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #