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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101753 (7)

SWISS SAUSAGE HAUS, INC.

Principal Prace of Business Mailing Address							n continut ha heath dish onth marit dishe)	41 3 14 0313 1 3			
368 INDUSTRIAL BLVD NAPLES FL 33942				368 INDUSTRIAL BLVD NAPLES FL 34104-3704							
								3. Date Incorporated or Qualified	3a. Da	ate of Last R	eport
							*************	12/12/1996	<u> </u>		
2. Principal Place of Business				2a. Mailing Address				4. FÉI Number	2	Ap	oplied For
21				26				65-071777			ot Applicable
Suite, Apt. #, etc				Suite, Apt. #, etc.				5. Certificate of Status Desired			
City & State 23				City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	ρ Country			Zip Cou			,	8. This corporation has liability for intangible tax under s. 199.032			. 199.032,
24	25 29							Florida Statutes 🔯 Yes 🗌 No			
	g, Name a	nd Address of Cui	rent Regi	stered Agent				10. Name and Address of New Re	gistered .	Agent	
HERF	RMANN, AND	RE				81	Name				
368 INDUSTRIAL BLVD NAPLES FL 33942						82	Street Addi	oss (P.O. Box Number is Not Acceptable)			
IVAL	LCO 1 L 3354	٤.				83				 /	
						84	City	···	FL	85 Zip (Code
11. Pursuant	to the provision	ns of Sections 607	0502 and 6	307.1508. Florida Sta	tutes, the a	boy	e-named core	poration submits this statement for the p		changing it	s registered
office or n	egistered agor	at or both in the St	ate of Flor	ida. Such change wa of, Section 607.0505,	as authorize	d by	the cornoral	tion's board of directors. I hereby accept	t the app	ointment as	registered
	arramar mar	, and accept the co	,ga	,, , , , , , , , , , , , , , , , , , , ,	. 101100 010		.				
SIGNATURE	Signarine typed on	printed name of registered	l agent and tile	e if applicable (I	NOTE Registere	d Age	iuper erutangia tne	red when reinstating)	DATE	A-18 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
12.		OFFICERS	and dire		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND) DIRECTOR	
TITLE	D			☐ DELETE	1.1 T	ITLE				☐ Change	Addition
NAME	MULLIN, LC)UISA V			1.2 N	AME					
STREET ADDRESS 368 INDUSTRIAL BLVD				1.3 STR			ADDRESS				
CITY - ST - ZIP	NAPLES FL	33942		·····	1.4 C	ITY-5	T-ZIP	· · · · · · · · · · · · · · · · · · ·		·	
TITLE	D			☐ DELETE	2.1 T	TLE				Change	Addition
NAME	HERRMANN				2.2 N	AME					
STREET ADDRESS	368 INDUS						ADDRESS	•			į
CITY-ST-ZIP NAPLES FL 33942							ST-ZIP		<u></u>		17 14 660
TITLE				☐ DELETE	3.1 Ti					☐ Change	L_ Addition
NAME					3.2 N						
STREET ADDRESS					3.3 S	TREET	ADDRESS				
CrTY-ST-ZIP				DELETE			ST-ZIP			Change	Addition
TITLE				☐ DELETE	4.1 1					Change	THE MOUNTEN
NAME					4.21						
STREET ADORESS							ADDRESS				
CITY-ST-ZIP				DELETE			ST-ZIP			Change	Addition
TITLE				□ DEFEIF	5.1 T					□ Cuantile	LJ ADOILION
NAME					5.2 N						į
STREET ADDRESS		`					ADDRESS				
CHY-ST-ZIP				DELETE			ST-ZIP	<u> </u>		Change	Addition
1111.6				☐ perete	6.1 1					Change	LT WOULDER
NAME	Ì					AME	\				
STREET ADDRESS					635	IREE	ADDRESS				

appears in Block 12 or Nock 13 it changed or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DUCKS A MULCIN Date Of Daylore Proces 10000000

14. I do 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 by 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 directly of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

(BOE024 (9/96)

FILED

Mar 07 1997 8:00am

Secretary of State