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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90047 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000006798			
1. Corporation Name MAHLER INVESTMENT, INC.			
Principal Place of Business 4001 TAMiami TRAIL NORTH, SUITE 265 NAPLES FL 34103		Mailing Address 4001 TAMiami TRAIL NORTH, SUITE 265 NAPLES FL 34103	
2. Principal Place of Business 21 3500 CORINTHIAN WAY Suite, Apt. #, etc. 22		2a. Mailing Address 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	
23 NAPLES, FL 24 34105 25 COLLIER		26 SAME 27 28 29 30	
9. Name and Address of Current Registered Agent FICHAUT, RAINER 4001 TAMiami TRAIL NORTH, SUITE 265 NAPLES FL 34103			
10. Name and Address of New Registered Agent 81 Name ALEXANDER MAHLER 82 Street Address (P.O. Box Number is Not Acceptable) 3500 CORINTHIAN WAY 83 84 City NAPLES 85 Zip Code FL 34105			
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] 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	PTD MAHER, ALEXANDER OBERI-BACH 26 79837 IBACH, GERMANY	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	MAHLER, ALEXANDER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MAHER, ANNETTE OBERI-BACH 26 79837 IBACH, GERMANY	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	MAHLER, ANNETTE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: [Signature] SIGNATURE REQUIRE 04-09-99 (941) 649 0403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)