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

PROFIT GORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 21 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998

P9700012836 (7)

METAL Principal Place # FRIEDRICH		=	INDL		
CAPE CORAL		CAPE CORAL FL 339		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/10/1007	
	lace of Business	2a. Mailing Address			pplied For
Suite, Apt.	#, etc	Suite, Apt. #, etc.	<u> </u>	S8 75	ot Applicable Additional
22		27		Fee Re	equired
City & State	9	City & State			May Be to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Int	
24	25	29	30] No
LIEI	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registered Agent	
HEINDL, FRIEDRICH 2301 D EL PRADO BLVD.			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
	TE 100			- Control of the cont	
CAI	PR CORAL FL 33990		83		
			84 City	FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida St	latutes, the above-named corp	poration submits this statement for the purpose of changing it	ts registered
agent. La	egi ster ed agent, or both, in the Stal m fam iliar with, and accept the obli	le of Florida. Such ch ange w gations of, Section 60 7.0 505	vas authorized by the corpora i, Florida Statutes.	tion's board of directors. I hereby accept the appointment as	registered
SIGNATURE	Signature typed or printed name of registricitia		(NOTE: Registered Agent signature regu	iirod whon rainstaling) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITLE	Change	Addition
NAME	HEINDL, FRIEDRICH	HTE 400	1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	2301 DEL PRADO BLVD., SU CAPE CORAL FL 33990	JIE 100	1.3 STREET ADDRESS 1.4 CITY - S1 - ZIP		
TITLE	ON L COINE I L GOOD	DELETE	2.1 TITLE	☐ Change	Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STHEET ADDRESS		
CITY-ST-ZIP	·		3.4. CITY-ST-ZIP		-
TITLE		L_ DELETE		Change	Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Toriere	5.4 CITY-ST-ZIP		A dilition
TITLE		☐ DELETE	61 THLE	☐ Change	Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY - ST- ZIP		
14. Thereby c	ertify that the information supplied	with this filing does not qual	ify for the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the	information
officer or o	on this annual report or supplemen director of the corporation or the rec or Block 13 if changed, or on an att	ceiver <i>j</i> or trustee empowered	accurate and that my signatu I to execute this report as req	ure shall have the same legal effect as if made under oath; the juired by Chapter 607, Florida Statutes; and that my name ap-	at I am an pears in