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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Moséham, h.

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000030836 (5)

BERLINER BACKSTUBE OF MANATEE, INC.

Principal Place of Business

Mailing Address

## FILED Apr 10 1998 8:00am Secretary of State



	PRIVE STE 140 BEACH FL 34217	1801 GULF DRIVE STE 140 BRADENTON BEACH FL 34		DO NOT WRITE IN THIS SPACE		
			· · · · · · · · · · · · · · · · · · ·	3. Date Incorporated or Qualified 04/04/1997		
21 15 R(1	1'	26 (C) (SR (SG	£ 57R	4. FEI Number 42 18 7 Applied For Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired		
City & State	SENTON ISEACH +C	28 URADENTON CI	·	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
24 3421	Country 25 NAMATER	29 5 42 (7 3	Country MANT			
IAI	9, Name and Address of Current F	10. Name and Address of New Registered Agent				
	ENSCH, P.C		81 Nam			
SARASOTA FL 34239			82 Stree	and an additional to the prooperation		
			83			
			84 City	FI 85 Zip Code		
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	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.  INATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS  14. THE SCHYMANEK, KLAUS D  12. NAME  12. NAME  12. NAME  13. STREET ADDRESS  14. CITY-ST-ZIP  14. CITY-ST-ZIP  15. OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. Change  17. Addition  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Change  10. CALL HAM FINEME  10. CHANGE  11. STREET ADDRESS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CHANGE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDIT					
12.						
TITLE	Ō	DELETE	1.1 THILE	Change Addition		
NAME	<b>S</b> CHYMANEK, KLAUS D		1.2 NAME	SCHUMANEW ULANS-D		
STREET ADDRESS	1801 GULF DRIVE STE 140		1.3 STREET ADDRESS	1206 SPOONBILL LANDINGS CIRCEL		
CITY-ST-ZIP	BRADENTON BEACH FL 34217		1.4 CITY - ST - ZIP	BRADENTON FL 34209		
TITLE		DELETE	2.1 TITLE	Change Addition		
NAME			2.2 NAME	SCHUMANKU GUDRUN		
STREET ADDRESS			2.3 STREET ADDRESS	1206 Spoon MICE CANSINGS CIRCLE		
CITY-ST-ZIP			2. 4 CITY - S1 - ZIP	SCHUMANKU GUDRUNG CIRCRE 1206 SPOON BILL CANDINGS CIRCRE BRADENTON FL. 34204 SCHUMANKU WCMS-) Change Addition		
TITLE		☐ DELETE	3.1 TITLE	Change Addition		
NAME			3.2 NAME	JOHYMINE COMS		
STREET ADDRESS			3.3 STREET ADDRESS	SAME		
CITY-ST-ZIP TITLE		☐ DELET <b>E</b>	3.4. CITY-ST-ZIP	Change Addition		
NAME		□ oateit	4.1 IIICE 4.2 NAME	· · · ·		
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS	SCHYMANEU GUPRUN		
CITY-ST-ZIP			4.4 City-St-ZIP	SARE,		
TITLE	1.0	DELETE	5.1 TITLE	Change Addition		
NAME		<u> </u>	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	1//// 4		
CITY-ST-ZIP			5.4 CITY - ST - ZIP	7/10 /		
TITLE		DELETE	6.1 TITLE	CONTRACTOR Addition		
NAME			6.2 NAME	0000024343 20 marige □ Addition -04/10/9801029026		
STREET ADDRESS			6.3 STREET ADDRESS	***150.00		
CITY-ST-ZIP			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.						