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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000038913 (4)

## **FILED** May 07 1998 8:00am Secretary of State

SWISS-US INT. ENGINEERING, INC. Principal Place of Business Maiting Address 14400 BOKEELIA RD 14400 BOKEEUA RD **BOKEELIA FL 33922 BOKEELIA FL 33922** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/30/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0759132 12730 NEW BRITTANY BLYD 12730 NEW BRITTANY BLAD. Not Applicable Apt. #, etc Suite Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 441 Fee Required City & State City & State 6. Election Campaign Financing \$5,00 May Be MYEKS FT. MYERS Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible Ú5 A 33*90* ☐ No X Yes Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Jessen, andrew 6371-4 PRESIDENTIAL CT Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33919 63 84 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE ☐ Change ☐ Addition NAME DEGEN, ROMAN 1.2 NAME 14400 BOKEELIA RD STREET ADDRESS 1.3 STREET ADORESS **BOKEELIA FL 33922** CITY-ST-ZIP 1.4 City - ST - 7IP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS **3 3 STREET ADDRESS** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE MALAF 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 arnual 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 attagriment with an address.

SIGNATURE:

RONGU DEGEN

04.27.98

(941)931 0311