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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

03-11-1999 90120 014 \*\*\*150.00

FILED Mar 11, 1999 8:00 am

**Secretary of State** 

1999

DOCUMENT # P9700004246/ (8) AJK (FLORIDA) Inc. OF Principal Place of Business 4206 SE 20 th Place 4206 SE 20th Place Cape Coral, Fl. 33904 Cape Coral, Fl. 33904 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 2. Principal Place of Business 2a. Mailing Address Applied For 26 1401 SW 37 th STREET 21 1401 SW 57th STREET Not Applicable \$8.75 Additional Suite, Apt. #, etc 5. Certifcate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 Cape Coral, FLORIDA This corporation owes the current year Intangible 29 33914 30 USA 24 33914 [25] Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ANJACOHAN, DOLLY Street Address (P.O. Box Number is Not 82 777 LANTANA ROAD LANTANA, FL. 33482 Zip Code 339/4 84 CAPE 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. KOTITSCHKE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 D., P., UP., S., T. ☐ DELETE 1.1 TITLE TITLE ANJA KOTITSCHKE KOTITSCHKE, ANJA 4206 SE 20 th Place 12 NAME NAME 1401 SW 57th STREET 1.3 STREET ADDRESS Cape Coral, Florida, 33914 Cape Coral, Florida 33904 14 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 21 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2, 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition COFFEE TITLE

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.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)