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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000043695

FILED Apr 29 1998 8:00am Secretary of State

Fontana Paradise Corporation						
Principal Place 1625 Suite Cape (Suite 3 Cape Coral	625 SE 47th Terrace uite 3 ape Coral, FL		DO NOT WRITE IN 3. Date Incorporated or Qualified	N THIS SPACE	
33904		33904			May 12, 1997	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		Bopserwaldstr. 74			65-0771356	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	38.75 Additional	
City & State		City & State			Fee Required	
	e <u>.</u>	City & State Stuttgart		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip		ountry	This corporation owes or has paid	
24	25	D-70184	L	Sermany	Personal Property Tax due June 30	
	9. Name and Address of Current I	11	00 .		10. Name and Address of New Regis	
R1 Name						
Ernest A. Seemann, Esq. 4729 Del Prado Blvd.				82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
Cape Coral, FL 33904				" "1"105"	Cape Coral Parkway	/ East
Cape Coral, FL 33904				83 Suite	С	
				<u> </u>		85 Zip Code
				Cape	Coral	FL 33904
11. Pursuant to the provisions of \$50,000,607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of or registered agent or or registered agent of or registered agent of or registered agent or or registered agent of or registered agent or o						
SIGNATURE _	Signature Typed or printed name of registered agent a	ANGULE ERP	Recution	A. SEEMA!	NN d when reinstation	
12.	OFFICERS AND	·	13		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
TITLE	D/P	☐ DELETE	1.1	TITLE		Change Addition
NAME	Klaus-Peter Goel	hring	1.2	NAME		1
STREET ADDRESS	l =			STREET ADORESS		
CITY-ST-ZIP	D-70184 Stuttga:	rt, Germany	1.4	CITY-ST-ZIP		
TITLE		☐ DELETE	2.1	TITLE		☐ Change ☐ Addition
NAME			2.2	NAME	•	.
STREET ADDRESS			2.3	street address		
CITY-ST-ZIP			_	CITY-ST-ZIP		
TITLE		☐ DELETE		TITLE		Change Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	_	CITY - ST - ZIP		Change Addition
NAME		_ pterie		NAME		Ca Change Ca Addition
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		☐ DELETE	_	TITLE		Change Addition
NAME				NAME		75
STREET ADDRESS				STREET ADDRESS		,)
CITY-ST-ZIP			4	CITY-ST-ZIP	80 0000250	51 ny . 27
TOTLE		☐ DELETE	_	TITLE	-04/29/980109	1 Addition
NAME			621	NAME	***150.00	1 030
CTOCCT ADDOLCS			F	1	***************************************	

14. Thereby 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

SIGNATURE:

Klaus.Peter Goehring