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Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90080 028 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000044815

1. Corporation Name  
CAFE OLD VIENNA, INC.

Principal Place of Business  
700 W LEELAND HEIGHTS BLVD  
LEHIGH ACRES FL 33936

Mailing Address  
700 W LEELAND HEIGHTS BLVD  
LEHIGH ACRES FL 33936

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/19/1997

4. FEI Number  
65-0754731

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State  
LEHIGH ACRES, FL

23 Zip Country

28 Zip Country  
33970-1465 USA

24

29

30

9. Name and Address of Current Registered Agent

BAUR, THOMAS  
C/O BAUR, MILLER & WEBNER, P.A.  
100 N BISCAYNE BLVD #2100  
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name  
REISINGER, ANDREAS  
82 Street Address (P.O. Box Number is Not Acceptable)  
909 ROOSEVELT AVE.  
83  
84 City  
LEHIGH ACRES FL 85 Zip Code  
33972

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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)

ANDREAS REISINGER

03/01/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME NEURMAIER, ULRICH  
STREET ADDRESS 100 N BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33132-2306

TITLE VP  
NAME STEGHERR-NEUMAIER, GABRIELE  
STREET ADDRESS 100 N BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33132-2306

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME NEURMAIER, ULRICH  
1.3 STREET ADDRESS 700 W LEELAND HEIGHTS BLVD.  
1.4 CITY-ST-ZIP LEHIGH ACRES FL 33970

2.1 TITLE VP  
2.2 NAME STEGHERR-NEUMAIER, GABRIELE  
2.3 STREET ADDRESS 709 BENTLY STREET WEST  
2.4 CITY-ST-ZIP LEHIGH ACRES, FL 33976

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

NEURMAIER, ULRICH, P 08/01/99 (941) 3369931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)