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

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name
INTER-COTTON COM



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 1

Secretary of State
DIVISION OF CORPORATIONS

FILED Jul 10 1998 8:00am Secretary of State

<u> </u>	1998	DIVIDION OF	CORPORATIONS				
DOCU 1. Corporatio	MENT # P97000	0056965 (1)					
	COTTON COMPANY						
					- 1 18 3 18 3 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ILM BALBI BIND BIND IONIO	A11A1 A111 1AA1
	Ē						
Principal Place of Business Mailing Address				i id Bisabi (18 1811) dabis matit Réitt di	49191 81113 61119 18119	B1401 G141 1881	
			4502 HWY, 20 E., SUITE A				
NICEVILL E FL	. 32578	NICEVILLE FL 32578		1	DO NOT WRITE	E IN THIS SPACE	
	;			3. [Date Incorporated or Qualified		
				(06/27/1997		
2. Principal P	lace of Business	2a. Mailing Address	. Mailing Address		4. FEI Number		Applied For
		26			59-3454461		Not Applicable
Suite, Apt. #, étc.		Suite, Apt. #, etc.		5. (Certificate of Status Desired		5 Additional
City & Stat	0	City & State				····	Required
23		28		I .	Election Campaign Financing Frust Fund Contribution		May Be
Zip	Country	Zip	Country		This corporation owes or has p		
24	25	29	30	- 1	Personal Property Tax due Juni		☐ No
	9. Name and Address of Curren	t Registered Agent			Name and Address of New R	egistered Agent	
	NERLY, LAMAR JR.		81 N	me			ļ
1234 AIRPORT RD., SUITE 111				eet Address (P.C	O. Box Number is Not Accepta	ble)	
DESTIN FL 32541							
	•		63				
•			84 C	у		FL 85 Zi	p Code
11. Purcuant	to the provisions of Sections 607.0502	2 and 607 1508. Florida Statu	les the above na	ned corporation	cultimits this statement for the		its registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida Such change was	authorized by the	corporation's bo	ard of directors. I hereby acce	pt the app ointment	as registered
•	im tamiliar with, and accopt the obliga	itions of, Section 607.0505, Fi	orida Statutes.				}
SIGNATURE	Signature, typed or printed name of registered ager	nt and life if applicable (NO	E Registared Agent sig	alure required when re	einstating)	DATE	
12.	OFFICERS AND		13.	ΑI	DDITIONS/CHANGES TO OFFI		
TITLE	PRESIDENT	☐ DEL ete	1.1 THILE			☐ Change	e 🔲 Addition
NAME	HERMANN LANDMANN		1.2 NAME				
STREET ADDRESS 4502 HWY 20 E., SUI			1.3 STREFT ADD	ESS			
CITY-ST-ZIP	-4-1-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		1.4 CITY - \$1 - ZIF				
TITLE	SECRETARY	L_J DELETE	2.1 TITLE			L Change	e 🔲 Addition
NAME	DAMAR CONERGI		2.2 NAME				[
STREET ADDRESS	4502 HIGHWAI ZU E., SUITE A		2.3 STREET ADD	:35]
CITY-ST-ZIP TITLE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		2. 4 CITY - S1 - ZII 3.1 TIFLE			☐ Change	e Addition
NAME		,	3.2 NAME				
STREET ADDRESS			3.3 STREET ADD	ESS			
CITY-ST-ZIP			3.4 CITY-ST-ZI	(ĺ
TITLE	DELETE 4.1 TI		4.1 TITLE			Change	e Addition
NAME			4. 2 NAME	1			
STREET ADDRESS			4.3 STREET ADDI	ess			ľ
CITY-ST-ZIP			4.4 CITY - ST - ZIF				
TITLE		DELETE	5.1 TITLE		onnnaare	Change	e 🛄 Addition
NAME			5.2 NAME		8000025E -07/13/98010	/の.マム.の 96619	
STREET ADDRESS			5.3 STREET ADDR	223	*** i 50.00	50 O13	
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIF				a laddiing
TITLE		ר"ז מנרנון:	6.1 TITLE	}	(7 th	Change	e 🔲 Addition
NAME CTREET ADDRESS			6.2 NAME 6.3 STREET ADDI	:00	. 1/1		
STREET ADDRESS CITY-ST-ZIP			6.4 CITY - ST - ZIF	.43	11100		
VIII-91-ZIF			0.4 (111.21.71)	_	·		

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: Some Comments

5/1/98