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 # 1. Corporation Name P97000059792 (6)

HUGO LEUTENEGGER AG, CORPORATION

FILED Apr 02 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						
500 BARNES	BLVD	500 BARNES BLVD				
ROCKLEDGE FL 32955		ROCKLEDGE FL 32955				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						07/08/1997
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				Not Applicable
Suite, Apt. (#, etc.	Sulte, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country		Zip Country			This corporation owes or has paid the current year Intangible	
24	25 29		30			Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
FEINER, BALZ				81 Name		
500 BARNES BLVD				82 Street Address (P.O. Box Number is Not Acceptable)		
RO	CKLEDGE FL 32955					
				83		
				84	City	85 Zip Code
				H		FL s z p coos
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 ag			d Age	nt signature requ	pured when reinslating) DATE
12.	D OFFICERS AN	ID DIRECTORS DELETE	13.	T) F		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	FEINER, BALZ	C) Office	1.2 NAME		}	
STREET ADDRESS	500 BARNES BLVD		1.3 STREE		ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955		1.4 CITY-			
TITLE	D	DELETE	2.1 TI			Change Addition
NAME	LEUTENEGGER, HUGO	renegger, hugo 22		AME	i	
STREET ADDRESS	500 BARNES BLVD			REET.	ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955		2.40	ITY - S	T-ZIP	
TITLE		☐ DELETÉ	3.1 T(TLE		Change L Addition
NAME			3.2 N	AME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		T or ere	_	ITY-S	T-ZIP	Change Addition
TITLE		☐ DELETE	4.1 Ti			L Change L Adokton
NAME DEDECT ADDRESS					ADDDECC	
STREET ADDRESS				TY - \$1	ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.1 TI		1-21r	Change Addition
NAME			5.2 N		-	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				TY - S1		
TITLE	, <u>.</u>	☐ DELETE	6.1 Ti			Change Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 S	rreet.	ADDRESS	
CITY-ST-ZIP			6.4 C	TY - \$1	r - ZIP	
14. I hereby c	ertify that the information supplied v	with this filing does not qualify for	r the ex	empl	ion stated it	in Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this annual report of supplied with this nimity does not quality to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic indicated on this annual report of supplimental 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 composition 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 chapted, or on an attachment with an address.