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FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000065145 (9)

1. Corporation Name

THE F3IESENLEGER, INC.

Principal Place of Business

28819 WINTHROP CIRCLE
BONITA SPRINGS FL 34134

Mailing Address

28819 WINTHROP CIRCLE
BONITA SPRINGS FL 34134



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1997

4. FEI Number

65-0772675

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 28819 WINTHROP CIR.

2a. Mailing Address

26 28819 WINTHROP CIR.

Suite, Apt. #, etc.

22 BONITA SPRINGS

Suite, Apt. #, etc.

27 BONITA SPRINGS

City & State

23 FLORIDA

City & State

28 FLORIDA

Zip

24 34134

Country

25 US

Zip

29 34134

Country

30 US

9. Name and Address of Current Registered Agent

EURO-AMERICAN FINANCIAL SERVICES, INC.
5117 CASTELLO DR.
NAPLES FL 34103

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME VUCKOVIC, SLOBODAN
STREET ADDRESS 28819 WINTHROP CIRCLE
CITY-ST-ZIP BONITA SPRINGS FL 34134

☐ DELETE

TITLE V
NAME VUCKOVIC, MIRJANA
STREET ADDRESS 28819 WINTHROP CIRCLE
CITY-ST-ZIP BONITA SPRINGS, FL. 34134

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE MD
1.2 NAME SCHNITZ, DOROTHEA
1.3 STREET ADDRESS 28819 WINTHROP CIRCLE
1.4 CITY-ST-ZIP BONITA SPRINGS, FL. 34134

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE

Sandra B. Mortham 01/20/98 941-002 5912

CR2E034 (10/97)