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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mørtham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 18 1998 8:00am

Secretary of State

11/10/00

1998
DOCUMENT #

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attac

<sup>#</sup> P97000075686 (0)

**GUNTHER STRUGGER ENTERPRISES, INC.** 

Principal Place of Business Mailing Address 5805 S CONGRESS AVE 5805 S CONGRESS AVE ATLANTIS FL 33462 ATLANTIS FL 33462 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/02/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-077692 21 Not Applicable 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zm 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FRANKLIN, ELLIOTT 5315 LAKE WORTH RD Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33463 83 City Zip Code 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. Hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or portest name of registered agent and to elif applicable (NOTE: Registered Agent a gnature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE D Change Addition TITLE 1.1 TifLE STRUGGER, GUNTHER NAME 1.2 NAME 5805 S CONGRESS AVE STREET ADDRESS 1.3 STREET ADDRESS CATY-ST-7/P **ATLANTIS FL 33462** 1.4 CHY+S1-ZIP DELETE TITLE 2.1 TITLE Change Addition STRUGGER, NUALAGH NAME 2.2 NAME STREET ADDRESS **5805 S CONGRESS AVE** 2.3 STREET ADDRESS ATLANTIS FL 33462 CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELETE Change TITLE 3.1 TITLE Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET AUDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 61 TITLE Change ☐ Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 our uslee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in