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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000075686

1. Corporation Name

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 THE	SSPAC	<u>, E</u>	
							3. Date Incorporated or Qualifed			
		1	14 Mr A-1-1				09/02/1997 4. FEI Number	ı	1 4	liad For
2. Principal F	Place of Business	\vdash	Mailing Address					-		lied For
21			26				65-0776927	¢ o		Applicable
Suite, Apt. #, etc.		—	Suite, Apt. #, etc.				5. Certificate of Status Desired			
City & State			City & State							
City & State			City,& State					•	dded to	May Be
23 	Country	28	Zip	Col	intry		8. This corporation owes the current year			1000
Zip	. — '		-i b	30			Personal Property Tax.	itangibi Ye⊟		⊐No
24	9. Name and Address of Currer	29	red Agent	130	П		10. Name and Address of New Registere			
	9. Name and Address of Currer	it regist	nea Agent		81	Name	10,			
FRA	NKLIN, ELLIOTT									
5315 LAKE WORTH RD					82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	E WORTH FL 33463				83					
					••					
					84	City	F	85	Zip C	ode
			7.4500 El-24- Ol-1						ing ite r	egistered
office or	registered agent, or both, in the State	of Florida	. Such change was	authorize	d bv	the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	pintmen	t as reg	istered
agent. I a	am familiar with, and accept the obliga	ations of, S	Section 607.0505, FI	orida Stat	utes					
SIGNATURE							red when reinstating) DATE			
	Signature, typed or printed name of registered age		··· · · · · · · · · · · · · · · · · ·		Agen	t signature requir	ADDITIONS/CHANGES TO OFFICERS A	ND DIE	ECTOR	2S IN 12
12.	OFFICERS AND DIRECTORS D DELETE			13.		ADDITIONS/CHANGES TO OFFICERS A		hange	Addition	
TITLE	-			1.2 NAME				- ب		
NAME .	A AANIADEAA NIE	moduli, dominici								
STREET ADDRESS				1.3 STREE						
CITY-ST-ZIP	ATLANTIS FL 33462			_	TY-\$1	T-ZIP			hanaa	Addition
TITLE	D		☐ DELETE	2.1 T	TLE			ПС	hange	☐ Addison
NAME	STRUGGER, NUALAGH			2.2 N	AME.					1
STREET ADDRESS				2.3 \$	TREET	ADDRESS				
CITY-ST-ŽIP	ATLANTIS FL 33462				πy-S					
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NAME				3.2 N	AME					
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CITY-ST-ZIP				3.4. 0	πy-s	IT-ZIP				
TITLE			☐ DELETE	4,1 T	TLE				hange	☐ Addition
NAME										
STREET ADDRESS				4.21	AME		· _			
CITY-ST-ZIP	;					r address				
TITLE				4.3 S	TREET	FADDRESS	·			
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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 grayan attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

561-641 3330