ADDA FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2002 8:00 am Secretary of State DOCUMENT # P97000083607 1. Entity Name 05-01-2002 91519 049 ***150.00 SUNCAPE DEVELOPMENT CORPORATION DO NOT WRITE IN THIS SPACE 643502 2. Principal Place of Business 3. Mailing Address 1318 Lafayette St. <u>13</u>18 Lafayette St. . Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Cape Coral, FL Cape Coral, FL 65-0792774 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33904 USA 33904 USA Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE <u>Thomas W. Hill</u> Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE <u> 1318 Lafayette St</u> Zip Code 33904 Cape Coral 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Thomas W. Hill 4/17/02 (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. (See criteria on back) Added to Fees Π Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS DPST NAME Krause, Peter Oweges 30-D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Mieders, Austria A - 6142CITY-ST-ZIP TITLE NAME Krause, Gabriele NAME STREET ADDRESS Oweges 30-D-_--STREET ADDRESS CITY-ST-ZIF Mieders, Austria A-6142 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

NAME

SIGNATURE:	S	IG	N.	AT	U	R	E	:
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CITY-ST-7IP

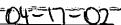
STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME



941-549-2444

Daytime Phone #