

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90052 040 ***150.00

DOCUMENT # P97000089409

1. Corporation Name

G. DOMEISEN & CO. U.S.A., INC.



Principal Place of Business

**2620-G MANATEE AVE W
BRADENTON FL 34205
US**

Mailing Address

**2620-G MANATEE AVE W
BRADENTON FL 34205
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1997

2. Principal Place of Business

21 2620 Manatee Ave. W

2a. Mailing Address

26 2620G Manatee Ave W.

4. FEI Number

65-0805800

Applied For

Not Applicable

Suite, Apt. #, etc.

22 G

Suite, Apt. #, etc.

27 G

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 Bradenton FL

City & State

28 Bradenton FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 34205

Country

25 Manatee

Zip

29 34205

Country

30 Manatee

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No **N/A**

9. Name and Address of Current Registered Agent

**BENZ, HARALD B
2620-C MANATEE AVENUE WEST
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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. 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	SP	<input type="checkbox"/> DELETE
NAME	DOMEISEN, GEORGE B	
STREET ADDRESS	5890 MARIGOLD ROAD	
CITY-ST-ZIP	VENICE FL 34923	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	DOMEISEN, ADELHEID	
STREET ADDRESS	5890 MARIGOLD ROAD	
CITY-ST-ZIP	VENICE FL 34923	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: **George B. Domeisen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 30. 99

Date

941 497 4350

Daytime Phone #

CR2E034 (11/98)