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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P97000090612 (7)

GUENTHER'S, INC.

FILED May 19 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address)
14799 SOARING EAGLE CT. FT. MYERS FL 33912	14799 SOARING EAGLE CT. FT. MYERS FL 33912		DO NOT WRITE IN THE	S SPACE
			3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		10/21/1997 4. FEI Number	Applied For
21 17853 San Carlos Blod.	26 17853 San	Carla Blad		Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	cares mis		\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State 23 Ft. Myers Beach	City & State 28 Ft. Myers	Beach	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the c	
24 33 931 25 Florida	29 3393/ 30	Florida	Personal Property Tax due June 30.	Yes No
Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
BIEBRICHER, REINHARD		81 Name		
14799 SOARING EAGLE CT.		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
FT. MYERS FL 33912		5		
		B3		
}		84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the above-named corn		of changing its registered
office or registered agent, or both, in the State c agent. I am familiar with, and accept the obligat	if Florida. Such ch ange was aut l	horized by the corporati	ion's board of directors. I hereby accept the ap	ppointment as registered
SIGNATURE Signature, typed or printed hank of registered agent	and title if applicable, (NOTE: 8	egistered Agent signature require	ed when reinstaling) DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
TITLE D	DELETE	1.1 TITLE D		Change Addition
NAME BIEBRICHER, REINHARD		1.2 NAME B	ebricher, Roinhard 24 Englot Lt.	
STREET ADDRESS 14799 SOARING EAGLE CT.		1.3 STREET ADDRESS 195	24 Englot Ct.	
CITY-S1-ZIP FT. MYERS FL 33912		1.4 CITY-ST-ZIP FF.	Myeus Fl. 33912	
TITLE	☐ DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZiP		3.4. CITY - ST - 7IP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		- 1		
STREET ADDRESS		4. 2 NAME		
/ 	,	4. 2 NAME 4.3 STREET ADORESS		
CITY-ST-ZIP				
	DELETE	4.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP	☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-SI-7IP		Change Addition
CITY-ST-ZIP TITLE	☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 THILF		Change Addition
CITY-ST-ZIP TITLE NAME		4.3 STREET ADDRESS 4.4 DITY-SI-ZIP 5.1 TITLE 5.2 NAME		Change Addition
CITY-ST-2IP TITLE NAME STREET ADDRESS	☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-7IP 51 TITLE 52 NAME 5.3 STREET ADDRESS		Change Addition Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.3 STREET ADDRESS 4.4 CITY-SI-7IP 51 TITLE 52 NAME 5.3 STREET ADDRESS 5.4 CITY-SI-7IP		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		4.3 STREET ADDRESS 4.4 CITY-SI-7IP 51 TITLE 52 NAME 5.3 STREET ADDRESS 5.4 CITY-SI-7IP 6.1 TITLE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		4.3 STREET ADDRESS 4.4 CITY-SI-7IP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-SI-7IP 6.1 TITLE 6.2 NAME		

Indicated on this attributed report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that if an address in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: