

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 26, 1999 8:00 am  
Secretary of State

02-26-1999 90035 031 \*\*\*150.00

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1. Corporation Name

FIVE STAR INVESTMENTS OF S.W. FLA, INC.

Principal Place of Business

424 SW 37 TERRACE  
CAPE CORAL FL 33914  
US

Mailing Address

424 SW 37 TERR  
CAPE CORAL FL 33914  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1997

4. FEI Number

65-0795904

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 5507 SW 5th Ave.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Cape Coral

28 City & State

Cape Coral

24 Zip

FL

Country

33914

29 Zip

33914

Country

30

9. Name and Address of Current Registered Agent

DEROUEN, SHELLY A  
1953 COLONIAL BLVD.  
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

Anette Desbaillets

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

424 SW 37th Ter.

83

84 City

Cape Coral

FL

85 Zip Code

33914

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

Anette Desbaillets

1/26/99

Signature, typed or printed name of registered agent, and date (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DREWITZ, HELMUT  
STREET ADDRESS 424 SW 37 TERR  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ DELETE

NAME VSD  
COENEN, MICHAEL  
STREET ADDRESS 424 SW 37 TERR  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

PTD

Drewitz, Helmut

5507 SW 5th Ave.

Cape Coral, FL 33914

☒ Change ☐ Addition

VSD

Coenen, Michael

5507 SW 5th Ave.

Cape Coral, FL 33914

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99 (941) 541 0171

Date

Daytime Phone #

CR2E034 (11/98)