

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90001 045 ***150.00

DOCUMENT # P97000093394

1. Corporation Name

ASSMANN FLORIDA INTERNATIONAL, INC.

Principal Place of Business

G/O DON MORGAN
1500 ROYAL PALM SQUARE BLVD., SUITE 101
FORT MYERS FL 33919-1058

Mailing Address

G/O DON MORGAN
1500 ROYAL PALM SQUARE BLVD., SUITE 101
FORT MYERS FL 33919-1058

2. Principal Place of Business

21 5310 NW 33rd Avenue

Suite, Apt. #, etc.

22 # 219

City & State

23 Fort Lauderdale, FL

Zip

24 33309

Country

25 US

2a. Mailing Address

26 5310 NW 33rd Avenue

Suite, Apt. #, etc.

27 # 219

City & State

28 Fort Lauderdale, FL

Zip

29 33309

Country

30 US

9. Name and Address of Current Registered Agent

BATCHELDER, DRAKE M. ESQ.
TRIPP, SCOTT, CONKLIN & SMITH
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1997

4. FEI Number

59-3500202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

81 Name Truxton, Gregg S.

82 Street Address (P.O. Box Number is Not Acceptable)
2121 Ponce de Leon Blvd.

83 Suite 600

84 City Coral Gables

FL

85 Zip Code
33134

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

Gregg S. Truxton

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 PSD ☐ DELETE

NAME HENNING, BRIDGETE
STREET ADDRESS AM KUCKUCKSBERG 15
CITY-ST-ZIP D 22952 LUTJENSEE GE

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Henning, Brigitte
1.3 STREET ADDRESS AM Kuckucksberg 16
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Brigitte Henning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

(954) 731-0666

Daytime Phone #

CR2E034 (11/98)

0445213