

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90258 049 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000093576

1. Corporation Name

SWISS MOUNTAIN RESTAURANT, INC.

Principal Place of Business

1318 LAFAYETTE STREET
CAPE CORAL FL 33904

Mailing Address

1318 LAFAYETTE STREET
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1997

4. FEI Number

65-0792154

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

2. Principal Place of Business

21 1428 Lafayette Street
Suite, Apt. #, etc.

2a. Mailing Address

26 1428 Lafayette Street
Suite, Apt. #, etc.

City & State

23 Cape Coral, FL
Zip Country

24 33904 25 US

City & State

28 Cape Coral, FL
Zip Country

29 33904 30 US

9. Name and Address of Current Registered Agent

HALDEMANN, JEANNETTE. KAU
1318 LAFAYETTE ST
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name
Haldemann, Jeannette. KAU

82 Street Address (P.O. Box Number is Not Acceptable)
1428 Lafayette Street

83

84 City
Cape Coral FL 85 Zip Code
33904

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 PD
NAME HALDEMANN, HANS U
STREET ADDRESS 1318 LAFAYETTE STREET
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ DELETE

TITLE VSTD
NAME HALDEMANN-KAUFMANN, JEANNETTE
STREET ADDRESS 1318 LAFAYETTE STREET
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Haldemann, Hans U
1.3 STREET ADDRESS 1428 Lafayette Street
1.4 CITY-ST-ZIP Cape Coral, FL 33904

2.1 TITLE VSTD ☒ Change ☐ Addition
2.2 NAME Haldemann-Kaufmann, Jeannette
2.3 STREET ADDRESS 1428 Lafayette Street
2.4 CITY-ST-ZIP Cape Coral, FL 33904

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/99

Date

542-9119

Daytime Phone #

CR2E034 (1/98)