

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 04, 1999 8:00 am
Secretary of State

05-04-1999 90204 007 ***150.00

DOCUMENT # P97000095515

1. Corporation Name

FLORIDA FINEST HOMES FOR RENT, INC.

Principal Place of Business

2712 SOUTHWEST 42 LANE
CAPE CORAL FL 33914

Mailing Address

2712 SOUTHWEST 42 LANE
CAPE CORAL FL 33914

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1997

4. FEI Number

65-0794929

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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

H S BLAIR AND ASSOCIATES INC
1505 S E 40TH ST
SUITE C
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name

Michaela Bergmann

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

2712 SW 42nd Lane

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BERGMANN, MICHAELA
STREET ADDRESS 2712 SOUTHWEST 42 LANE
CITY-ST-ZIP CAPE CORAL FL 33914

☐ DELETE

TITLE VD
NAME MOSIG-ZIMMERMANN, ANDREA
STREET ADDRESS 2712 SOUTHWEST 42 LANE
CITY-ST-ZIP CAPE CORAL FL 33914

☐ DELETE

TITLE SD
NAME BERGMANN, HERBERT
STREET ADDRESS 2712 SOUTHWEST 42 LANE
CITY-ST-ZIP CAPE CORAL FL 33914

☐ DELETE

TITLE TD
NAME ZIMMERMANN, HANS
STREET ADDRESS 2712 SOUTHWEST 42 LANE
CITY-ST-ZIP CAPE CORAL FL 33914

☐ 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 ☐ Change ☐ Addition

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

4/24/99 Michaela Bergmann
Date Daytime Phone #

CR2E034 (1/98)