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 Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90104 022 ***150.00

1. Corporation	MENT # P97000 BAVARIA, INC.	099051			
Principal Place	e of Business	Mailing Address		3 (863)884 (10 101)1 (961) og 111 gastr galtt ggt.	# 18118 (811 POIG1 8118) (121 189)
4425 PROGRESS 4435 PROGRESS					
NAPLES FL 34104 NAPLES FL 34104 US US				DO NOT WRITE IN THI	S SPACE
03		03		3. Date incorporated or Qualifed	
				11/17/1997	
2. Principal Pl	Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For
21				65-0799393	Not Applicable
		Suite, Apt #, etc		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		City & State		5 Fl. 1 O maries Francisco	\$5.00 May Be
City & State	e	├─ ; ′		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year in	
24	25		30	Personal Property Tax	Yes No
	9. Name and Address of Current			10. Name and Address of New Registered	d Agent
			81 Name		
	SMUELLER, WALTER		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
370 BELVILLE BLVD					
NAPI	LES FL 34104		83		
			84 City		85 Zip Code
				poration submits this statement for the purpose of	
office or n agent, i a	egistered agent, or both, in the State of m familiar with, and accept the obligat signature, typed or proted name of registered agent.	of Florida. Such change was actions of, Section 607.0505, Flor	utnorized by the corporati	on's board of directors. Thereby accept the app	ointment as registered
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PTD	(_) DELETE	; 1 TITLE		Change Addition
NAME	WIESMUELLER, ROSALIA M				
			1 2 NAME		
STREET ADDRESS	370 BELVILLE BLVD		lt l		
CITY-ST-ZIP	NAPLES FL 34104	Donet	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
CITY-ST-ZIP	NAPLES FL 34104 VSD	☐ DELETE	12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE		Change Addition
CITY-ST-ZIP TITLE NAME	NAPLES FL 34104 VSD WIESMUELLER, WALTER	☐ DELETE	1 2 NAME 1 3 STREET ADDRESS 1 4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME		
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tell with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes I further certify that the information 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 exceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the state of the same legal effect as if made under oath; that I am an exceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the same legal effect as if made under oath; that I am an exceiver of trustee empowered. 14. I hereby certify that the information supplied indicated on this annual report or supplied officer or director of the corporation or the Block 12 or Block 13 if changed, or on a recommendation.

LIER WIESHULLER

CR2E034 (11/98)