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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P9800001289

Principal Place of Business	Mailing Address
4900 BRYWILL CIRCLE SARASOTA FL 34234	4900 BRYWILL CIRCLE SARASOTA FL 34234
2. Principal Place of Business	2a. Mailing Address
¬ '	<del>-</del>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
21	26

9. Name and Address of Current Registered Agent

## **FILED** Mar 08, 1999 8:00 am **Secretary of State**

03-08-1999 90005 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/07/1998 FEI Numbe Applied For Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing \$5:00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes 10. Name and Address of New Registered Agent

81 Name LANGE, GERLINDE Street Address (P.O. Box Number is Not Acceptable) 82 **4900 BRYWILL CIRCLE** SARASOTA FL 34234 83 Zip Code 85 84 City

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.

(NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ DELETE 1.1 TITLE TITLE LANGE, GERLINDE 1.2 NAME NAME 4900 BRYWILL CIRCLE 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34234 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE M LANGE, KLAUS 2.2 NAME NAME 4900 BRYWILL C 2.3 STREET ADDRESS STREET ADDRE SARASOTA FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 41 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the examption 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.