Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90014 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000010905

1. Corporation Name

ASSET MANAGEMENT OF SOUTHWEST FLORIDA, INC.

Principal Place	e of Business	Mailing Address		1 19211001 142 FRED I MILE BRICE OFFIT ARELE AREA	TENNE NOTER ENTER NOTOR NEIL CONF	
1105 CAPE CORAL PKWY		1105 CAPE CORAL PKWY				
SUITE C		SUITE C		DO NOT WRITE IN THIS SPACE		
CAPE CORAL FL 33904 CAPE CO		CAPE CORAL FL 33904	CORAL FL 33904		3. Date incorporated or Qualifed	
					02/02/1998	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	6		943-28-6525	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State		City & State	¬ ´		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	30		This corporation owes the current year Int Personal Property Tax.	angible □Yes □No
24	9. Name and Address of Current	29 Agent	30		10. Name and Address of New Registered	
	5. Name and Address of Current	Registered Agent	81	Name		
SEEMANN, ERNEST A			<u></u>		(D. C. D. M. J. Markette)	
	CAPE CORAL PKWY		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUITE C			83			
CAP	E CORAL FL 33904	•				
			84	City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab				e-named corpo	oration 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.						
	in fairmal with, and accept the obligation	0113 01, 0000011 007.0000, 110	TIGG STATES			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Age	nt signature required		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	AUFSFELD, GUENTER		1.2 NAME			
STREET ADDRESS	THEODOR-HEUSS-RING 54			TADDRESS		
CITY-ST-ZIP	D-50668 KOELN, GERMANY	D DELETT	1.4 GITY-S	IT-ZIP		Change Addition
TITLE	•	☐ DELETE	2.1 TITLE			
NAME.	}		2.2 NAME			
STREET ADDRESS				TADDRESS)
CITY-ST-ZIP		☐ DELETE	2. 4 CITY - 9	ST-ZIP		Change Addition
TITLE			3.2 NAME			
NAME			1	TADORESS	•	}
STREET ADDRESS			3.4. CITY-5			
CITY-ST-ZIP	1			31-211		
NAME		I I DECETE	# 4.1 IIILE	1		☐ Change ☐ Addition
STREET ADDRESS		☐ DELETE	4.1 TITLE		- 144	☐ Change ☐ Addition
	The second secon	L. DECE 15	4. 2 NAME	Į į		☐ Change ☐ Addition
	· · · · · · · · · · · · · · · · · · ·	[] DELETE	4. 2 NAME 4.3 STREE	TADDRESS	- 144	_ Change _ Addition
CITY-ST-ZIP		☐ DELETE	4. 2 NAME	TADDRESS		Change Addition
CITY-ST-ZIP			4. 2 NAME 4.3 STREE 4.4 CITY-S	T ADDRESS ST-ZIP		
CITY-ST-ZIP TITLE NAME	and the more desired		4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP		
CITY-ST-ZIP TITLE NAME STREET ADDRESS	and the more desired		4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS T ADDRESS		
CITY-ST-ZIP TITLE NAME	and the more desired		4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS T ADDRESS		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the more desired	□ DELETE	4. 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP		☐ 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP