

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

0456261

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90110 013 \*\*\*163.75

DOCUMENT # **P98000011394**

1. Corporation Name  
**IFEM (USA), INC.**



Principal Place of Business

C/O PAULICH, SLACK & WOLFF, P.A.  
801 ANCHOR RODE DR. STE 203  
NAPLES FL 34103

Mailing Address

C/O PAULICH, SLACK & WOLFF, P.A.  
801 ANCHOR RODE DR. STE 203  
NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **2431 WALDEN CENTER DRIVE**

Suite, Apt. #, etc.

22 **SUITE 203**

City & State

23 **BOVITA SPRINGS, FL**

Zip

24 **34134**

Country

25 **USA**

2a. Mailing Address

26 **2431 WALDEN CENTER DRIVE**

Suite, Apt. #, etc.

27 **P.O. BOX 366369**

City & State

28 **BOVITA SPRINGS, FL**

Zip

29 **34136-6369**

Country

30 **USA**

3. Date Incorporated or Qualified

**02/03/1998**

4. FEI Number

**65-0836584**

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

9. Name and Address of Current Registered Agent

**WOLFF, CASEY**  
**801 ANCHOR RODE DR, STE 203**  
**NAPLES FL 34103**

10. Name and Address of New Registered Agent

81 Name  
**STERN, CHRISTIAN J.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**23630 PEPPERHILL COURT**  
83  
84 City  
**BOVITA SPRINGS** FL 85 Zip Code  
**34134**

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 **CHRIS J. STERN**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/20/99**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT + CEO + CHAIRMAN</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>STERN, CHRISTIAN J.</b>
1.3 STREET ADDRESS	<b>23630 PEPPERHILL COURT</b>
1.4 CITY-ST-ZIP	<b>BOVITA SPRINGS, FL 34134</b>
2.1 TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>STERN, EVELINE</b>
2.3 STREET ADDRESS	<b>23630 PEPPERHILL COURT</b>
2.4 CITY-ST-ZIP	<b>BOVITA SPRINGS, FL 34134</b>
3.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>BORUM, ROBBIE</b>
3.3 STREET ADDRESS	<b>4712 HARBORTOWN LANE</b>
3.4 CITY-ST-ZIP	<b>BOVITA SPR FL 34134</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 OF CHRISTIAN J. STERN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/99**

Date

**(844) 707-5018**

Daytime Phone #

CR2E034 (1/98)