FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90219 004 ***150.00

■36 **=**1E

=:::::: **=** 2...

= 33

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000012391

BAVARIAN NUT HAUS, INC

rincipal Place of Business	Mailing Address
032 LOS AMIGOS DRIVE PILANDO FL 32822	3032 LOS AMIGOS DRIVE ORLANDO FL 32822

Principal Place	e of Business	Mailing Address				1		•
3032 LOS AMIG	GOS DRIVE	3032 LOS AMIGOS						•
ORLANDO FL 3	32822	Orlando Fl 3282	2			DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
						02/01/1998		
	(Davis	2a. Mailing Addre	58			4. FEI Number	TA	plied For
— '	Through I also of Desired				59-3534370	No.	t Applicable	
21	a commence of the contract of	26 Suite, Apt. #,			 -		\$8.75	Additional
Suite, Apt.	#, etc.	<u> </u>	3104		•	5. Certificate of Status Desired	Fee R	equired
22		27 City & State	,-			6. Election Campaign Financing	\$5.00	May Be
City & State		— ·	⊢ '		Trust Fund Contribution Added to Fees			
23	Country	28 Zip		ountry	,	8. This corporation owes the current year int	angible	
—₁ Zip		29	30	,		Personal Property Tax.	Yes	□No
24	9. Name and Address of Cur			\neg		10. Name and Address of New Registered	Agent	
	S. Name and Address of Cit	Haur Kohistoran Mant		81	Name			
. RDA	UN RUDOLPH			\perp				
	2 LOS AMIGOS DRIVE			82	Street Add	fress (P.O. Box Number is Not Acceptable)		
	ANDO FL 32822			63				
. On	ANDO I C SEDEE			"	1			
				64	City	FL	85 Zip	Code
					<u> </u>	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint		registered
12.	Signature, hyped or printed name of registered OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN		ORS IN 12
12				13.	,	ADDITIONS/CHANGES TO OFFICERS AN		RS IN 12
TITLE	D	☐ DE	LETE 1	1 TITLE			Change	Addition
NAME	BRAUN, RUDOLPH		1	2 NAME				
STREET ADDRESS	3032 LOS AMIGOS DRIVE		1.	3 STREE	T ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32822		1	A CITY-8	3T-ZIP			
TITLE		□ DE	LETE 2	1 TITLE			Change	Addition
NAME			2	2 NAME				
STREET ADDRESS		,	2	3 STREE	TADORESS			,
CITY-ST-ZIP	`} .		2	4 CITY-5	ST-ZIP			
TITLE	 	□ D€	LETE 3	u mue			Change	☐ Addition
NAME			3	2 NAME	ĺ			
STREET ADDRESS	. · ·		١,					
CITY-ST-ZIP	'}			7 2 LEF	TADDRESS			
TITLE			I -		· [
HALL	·	☐ DE	3	.4. CITY-5 .1 TITLE	· [Change	Addition
MARKE		☐ DE	LETE 4	4. CITY-9	ST-219		Change	Addition
NAME CTREET ADDRESS		☐ DE	LETE 4	4. CITY-S .1 TITLE .2 NAME	ST-ZP		Change	Addition
STREET ADDRESS		□ DE	3 LETE 4 4	A.CITY-S .1 TITLE .2 NAME .3 STREE	ST-ZIP		Change	Addition
STREET ADDRESS CITY-ST-ZIP			3 LETE 4 4 4	4. CITY-S .1 TITLE .2 NAME .3 STREE .4 CITY-S	ST-ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	,		3 LETE 4 4 4 4 LETE 5.	A.CITY-S .1 TITLE .2 NAME .3 STREE	ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME			3 LETE 4 4 4 4 4 5 5 5 5	A. CITY-S .1 TITLE .2 NAME .3 STREE .4 CITY-S .1 TITLE .2 NAME	ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	·		LETE 4.4.4.4.4.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5	A. CITY-S 1 TITLE 2 NAME 3 STREE 4 CITY-S 1 TITLE 2 NAME 3 STREE	ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] 0€	3 A SLETE 4 4 4 4 4 4 5 5 5 5 5 5 5 5	A. CITY-S 1 TITLE 2 NAME A CITY-S 1 TITLE 2 NAME 3 STREE	ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			3. LETE 4. 4. 4. 4. 4. 4. 5. 5. 5. 5. 5. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	A. CITY-S 1 TITLE 2 NAME 3 STREE 4 CITY-S 1 TITLE 2 NAME 3 STREE 4 CITY-S 1 TITLE 1 TITLE 1 TITLE 1 TITLE	ST-ZIP		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		[] 0€	3. LETE 4. 4. 4. 4. 4. 4. 5. 5. 5. 5. 5. 6. 6. 6. 6.	A. CITY-S 1 TITLE 2 NAME 3 STREE 4 CITY-S 1 TITLE 12 NAME 13 STREE 4 CITY-S 1 TITLE 2 NAME 2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP ST ADDRESS ST-ZIP		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		[] 0€	3. LETE 4. 4. 4. 4. 4. 4. 5. 5. 5. 5. 5. 6. 6. 6.	A. CITY-S 1 TITLE 2 NAME 3 STREE 4 CITY-S 1 TITLE 12 NAME 13 STREE 4 CITY-S 1 TITLE 2 NAME 2 NAME	T ADDRESS ST-ZIP 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 anofficer 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 chapter, or an attachment with an address, with all other like empowered.

107-281-3708