PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90059 035 ***150.00

| | 1999 🚟 | DIVISION OF CO | ORPORATIONS | | |
|--|--|--|---|--|---|
| 1. Corporation | | 021394 | | | |
| TESCHE | 'S SERVICES, INC. | | | 2 (2014 0L) 110 40102 (CC) 801(1 60) (1 60) | MANI HANG HAIS WANT DISK (S.S.) |
| | | | | | |
| Principal Place | of Business | Mailing Address | • | - I 19811110 112 II 18181 18181 18811 18811 18811 1 | Billiat friditä afrita siffer aufer i ema |
| 1900 SW 54 ST | | 1933 SW 54 STREET | | | |
| CAPE CORAL F | L 33914 | CAPE CORAL FL 33914 | | DO NOT WRITE IN THIS | SPACE |
| | | | | 3. Date incorporated or Qualified | |
| | | | | 03/06/1998 | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | allet | 4. FEI Number | Applied For |
| 21 | | | SY the ST | 65-0818352 | Not Applicable |
| Sulte, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 22 | | City & State | <u> </u> | 6. Election Campaign Financing | \$5.00 May Be |
| City & State | _ ` | 28 CHOELOW | 41. Fl. | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current year in | tangible |
| 24 | 25 | 29 33914 [| 30 LEE | Personal Property Tax. | Yes No |
| | 9. Name and Address of Curre | nt Registered Agent | | 10. Name and Address of New Registered | Agent |
| AME | DII AMANED | | 81 Name | STAU TESCHE | |
| AMERILAWYER 343 ALMERIA AVENUE | | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | 57- |
| CORAL GABLES FL 33134 | | | 83 79.3 | 3 3W 37 3//CEE | = |
| 00 | | | <u>L.</u> l | | Lizi Zin Codo |
| | _ | | BA CIT AP | E CORAC FL | - 85 Zp Code // |
| 11. Pursuant | to the provisions of Sections 607.05 | 02 and 607.1508, Florida Statute | s, the above-named com | poration submits this statement for the purpose of chi's board of directors. I hereby accept the apport | changing its registered |
| office or r | egistered egérit, or both, in the State | of Florida. Such change was au ations of, Section 607.0505, Flori | rthorized by the corporati ida Statutes. | on's board of directors. I hereby accept the suppl | and tent as registered |
| SIGNATURE | 8 9 . 100 | The same | | | · · · |
| SIGNATURE | Signature, typed or printed name of registered ag- | | Registered Agent nignature require | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 |
| 12. | PD OFFICERS A | ND DIRECTORS | 13. | ADDITIONAL CONTROL TO GATTOLING | ☐ Change ☐ Addition |
| TITLE | TESCHE, GUSTAVI | / | 12 NAME | | |
| NAME | 1933 SW 54 STREET | | 1,2.00 | | |
| STREET ADDRESS CITY+ST- 3P | | | 13 STREET ADDRESS | | |
| G117+54+4P | LAPP LUMAL FL 33914 | | 1.3 STREET ADDRESS | | |
| | CAPE CORAL FL 33914 VSTD | ☐ DELETE | 1.3 STREET ADDRESS 1.4 CiTY-ST-ZIP 2.1 TITLE | | ND DIRECTORS IN 12 |
| TITLE | VSTD | ☐ DELETE | 1.4 CiTY-ST-ZIP | | Change Addition |
| | | ☐ DELETE | 1.4 CiTY-ST-ZIP 2.1 TITLE | | Change Addition |
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I hareby carmy that the information supplied with this hilling does not quelly for the exemption stated in 1950/05(i), Froncia of suppliemental annual report is true and secure and that my signature shall have the same legal effect as if made under outly 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 of the attachment with an address, with all other like empowered.