PROFIT CORPORATION ANNUAL REPORT

XXX1999XXX 2000

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -2 AM 11:35

DOCUMENT # **P98000021513**

1. Corporation Name

P.S. Promotions, Inc.

Principal Place of Business	Mailing Address
4611 Gleneagles Links Ct. Estero, FL 33928	4611 Gleneagles Links Ct. Estero, FL 33928

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/06/1998

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23: Estero, FL	City & State 28: Estero, FL
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-3531056 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

Dixon F. Miller
4501 Tamiami Trail North, Suite 400
Naples, FL 34103

10. Name and Address of New Registered Agent

81 Name: Dixon F. Miller
82 Street Address (P.O. Box Number is Not Acceptable): 5801 Pelican Bay Blvd., Suite 300
83
84 City: Naples FL 85 Zip Code: 34108

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 _____ 04/28/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Pres/Treas.	☐ DELETE	1.1 TITLE	Assist. Sec.	☐ Change ☒ Addition
NAME	Wolf von Steinmetz		1.2 NAME	Dixon F. Miller	
STREET ADDRESS	Stadionstr. 11, 68519 Viernheim		1.3 STREET ADDRESS	5801 Pelican Bay Blvd., Suite 300	
CITY-ST-ZIP	Federal Republic of Germany		1.4 CITY-ST-ZIP	Naples, FL 34108	
TITLE	VP/Sec	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Ingrid von Steinmetz		2.2 NAME		
STREET ADDRESS	Stadionstr.11, 68519 Viernheim		2.3 STREET ADDRESS		
CITY-ST-ZIP	Federal Republic of Germany		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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****300.00 ****150.00

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: _____ ASS'T SECRETARY 04/28/00
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR DATE