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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000039099 1. Corporation Name

METELIS, INC.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90037 047 ***150.00

	, INC.							
Principal Place	of Business	Mailing Address					IND IIKIN INIII NUKIN	INITE INTERNA
5117 CASTELLO NAPLES FL 341	DRIVE #1	5117 CASTELLO DRIVE NAPLES FL 34103	5117 CASTELLO DRIVE #1 NAPLES FL 34103		DO NOT WRITE IN TH	IIS SPACE		
1		•				3. Date Incorporated or Qualifed		
						04/29/1998		
2. Principal Pl	ace of Business	2a. Mailing Address			_	4. FEI Number	Ap	plied For
21	,	26				59-3505892	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75	I
22	<u></u>	27				J. Continent of Citato Decision	Fee Re	
City & State		City & State	<u> </u>			=6. Election Campaign Financing		May Be ≔= =
23		28			_	Trust Fund Contribution	Added t	o Fees
Zip	Country			Country		8. This corporation owes the current year	Intangible Yes	□No
24	25	29	[30]	_	_	Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Register	ed Agent	
AMD	URN, JAMES W							
	CASTELLO DRIVE #1			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		J
1	LES FL 34103			83				
) NAME I	LEO I E 34103		}	3				
				84	City	· F	85 Zip (Code
dd. Dumaua at	to the annihilate of Sections 607.06	502 and 607 1508 Florida St	atutes the a	bove	e-named co			registered
office or re	egistered agent, or both, in the Stat	e of Florida. Such change wa	as authorized	l by i	the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as re	gistered
agent. La	m familiar with, and accept the oblig	gations of, Section 607.0505,	Florida Statu	utes.				
SIGNATURE	Signature, typed or printed name of registered a	cent and title if applicable (f	NOTE: Registered	Agent	t signature regu	uired when reinstating) DATE		— \
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TILE	B.	DELETE	1.1 TIT	TLE	ū		Change	Addition
NAME)	LOEFFLER, HANS	•	1.2 NA	AME	P	ADER, HANS-OTTO		1
STREET ADDRESS	260 BEDINA DRIVE #8		1.3 ST	REET	ADDRESS S	5117 CASTELLO DR. #1		I .
CITY-ST-ZIP	NAPLES FL 34104		1.4 CIT	TV.ST	r-ziP			ĺ
TITLE						IAPLES, FL 34103		
NAME		☐ DELETE	± · 2.1 TT		$ \mathfrak{I} $	` `	☐ Change	⋈ Addition
í l		L.J DELETE	2.1 TIT	TLE	1	THIEL, REINHARD	☐ Change	Addition
STREET ADDRESS		LJ DELEIE	2.2 NA	TLE	ADDRESS S	THIEL, REINHARD SIT CASTELLO DR. #1	☐ Change	⊠ Addition
STREET ADDRESS CITY-ST-ZIP			2.2 NA 2.3 ST 2.4 CI	TLE AME TREET	ADDRESS S	THIEL, REINHARD	_ ·	
i		□ DETE	2.2 NA 2.3 ST 2.4 CI	TLE AME TREET	ADDRESS S	THIEL, REINHARD SIT CASTELLO DR. #1	☐ Change	Addition
CITY-ST-ZIP	/*********************************		2.2 NA 2.3 ST 2.4 CI	TLE AME TREET TLE	ADDRESS S	THIEL, REINHARD SIT CASTELLO DR. #1	_ ·	
CITY-ST-ZIP			22 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA	TLE AME TREET TLE AME	ADDRESS S	THIEL, REINHARD SIT CASTELLO DR. #1	_ ·	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELET	22 NA 2.3 ST 2.4 CI E 3.1 TII 3.2 NA 3.3 ST 3.4. CI E 4.1 TII 4.2 NA	TLE TREET TLE TREET TTY-ST TLE TTY-ST TLE TAME	ADDRESS ST-ZIP	THIEL, REINHARD SIT CASTELLO DR. #1	. Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELET	22 NA 23 ST 2.4 CI E 3.1 TH 32 NA 3.3 ST 3.4. CI E 4.1 TH 4.2 N 4.3 ST	TLE TREET TLE TREET TTLE TREET TLE TREET TLE TREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	THIEL, REINHARD SIT CASTELLO DR. #1	. Change	Addition
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14. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/99

Daytime Phone #