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PROFIT
CORPORATION
ANNUAL REPORT
' 1999

SIGNATURE: 1



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of States. DIVISION OF CORPORATIONS

FILED May 12, 1999 8:00 am Secretary of State

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DOCUMENT # 1. Corporation Name	P980000 43457	1
1/ann	GUTGORNISSS 11	VC

6 8 4 9 560496 - 90068 - 13 MICHUIM Principal Place of Business Mailing Address 76 JOYHAUEN DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed SEBASTIAN, FL 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-08408 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6, Election Campaign Financing \$5.00 May Be Trust Eund Contribution 28 Added to Fees Country Country 8. This corporation owes the current year Intangible 30 Personal Property Tax. 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 84 85 Zip Code 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 Signature, typed or printed risme of registered agent and title if applicable (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. B. KRACOH Change Addition DELETE 1,1 TITLE TITLE PRESIDENT TO SOYHAUEN 12 NAME CR2E034 NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME____ STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE DELETE 4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition OELETE 51 TITLE TITLE 52 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZEP Addition 61 TITLE ☐ Change DELETE TITLE 62 NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 trustge effipowered to shecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or open attachment with an address, with all other like empowered.

ING OFFICER OR DIRECTOR