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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000085914

1. Corporation Name

S. LANGE CORPORATION

Principal Place of Business

500 S AUSTRALIAN AVE., 10TH FLOOR
WEST PALM BEACH FL 33401

Mailing Address

500 S AUSTRALIAN AVE., 10TH FLOOR
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1998

4. FEI Number

65-0878841

Applied For

Not Applicable

5. Certificate 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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

LEWIS, VEGOSEN, ROSENBAACH, SILBER & DUNKEL
, P.A.
500 S. AUSTRALIAN AVE., 10TH FLOOR
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 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	D	1.1 TITLE	D, P, AS
NAME	LANGE, RUDIGER	1.2 NAME	LANGE, RUDIGER
STREET ADDRESS	SCHUTZENSTRASSE 11-13	1.3 STREET ADDRESS	SCHUTZENSTRASSE 11-13
CITY-ST-ZIP	D-85757 KARLSFELD GERMANY	1.4 CITY-ST-ZIP	D-85757 Karlsruhe, GERMANY
TITLE		2.1 TITLE	VP, S
NAME		2.2 NAME	LANGE, SYLVIA
STREET ADDRESS		2.3 STREET ADDRESS	August-Horch-Str. 28
CITY-ST-ZIP		2.4 CITY-ST-ZIP	80999 München, Germany
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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

1999.03.30

Date

Daytime Phone #

CR2E034 (1/1/98)