FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Ferkl Hausbau Corporation

FILED May 15, 1999 8:00 am Secretary of State

05-15-1999 90012 016 ***150.00

Principal Place of Business	Mailing Address				
, '	Ž				
5301 Conroy Rd.					
Suite 140	Suite 140			DO NOT WRITE IN THIS SPACE	
Orlando, FL 32811	Orlando, FL	32811	3. Date Incorporated or Qualifed		
	1 - · · · · · · · · · · · · · · · · · ·		11/10/98	T	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		59-3544802	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		I 5 Certificate of Status Desired I I	75 Additional ee Required	
City & State	City & State				
23	28			.00 May Be ded to Fees	
Zip Country	<u> </u>	Country	This corporation owes the current year Intangible	100 100	
24 25	29 30	ŕ	Personal Property Tax.	⊠No	
9. Name and Address of Current R			10. Name and Address of New Registered Agent		
		81 Name			
Paul Camp Lane 5301 Conroy Rd. Ste.140 Orlando, FL 32811		82 Street Address (P.O. Box Number is Not Acceptable)			
		Sileet Address (F.O. DOX Maniber is Not Acceptable)			
		83			
		84 City	FI 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 agent. I am familiar with, and agent the obligation	Florida. Such change was author	rized by the corpora	ation's board of directors. I hereby accept the appointment $4-26-9$	as registered	
SIGNATURE TUCK				/	
Signature, typed or printed name of postered agent and little if applicable. (NOTE: Registered Agent sign 12. OFFICERS AND DIRECTORS 13.			ured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTOPS IN 12	
		13. 1.1 TITLE			
Director			Director	X ,	
Steran reiki	i i		Paul Camp Lane		
STREET ADDRESS Doerstewitzer Str	. • 4		5301 Conroy Rd., Ste. 140		
TITLE D=0.6246 Bad Lauch	1 h J - L - L - L - L - L - L - L - L - L -	2.1 TITLE	Orlando; FL 32811 □Cha	ange	
Germany		2.2 NAME			
STREET ADDRESS		2 3 STREET ADDRESS			
	1	2. 4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		3.1 TITLE		inge Addition	
NAME	_	3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE		4.1 TITLE	☐ Cha	nge Addition	
NAME		4. 2 NAME	_	-	
STREET ADDRESS	14	13 STREET ADDRESS		ļ	
CITY-ST-ZIP	į į	4 4 CITY-ST-ZIP		ł	
TITLE		5.1 TITLE	Cha	nge	
NAME		5.2 NAME		ļ	
STREET ADDRESS	5	5.3 STREET ADDRESS		1	
CITY-ST-ZIP	5	5.4 CITY-ST-ZIP			
TITLE					
	☐ DELETE 6	5.1 TITLE	☐ Cha	nge 🗌 Addition	
NAME	<u></u>	5.1 TITLE 5.2 NAME	☐ Cha	nge 🗌 Addition	
NAME STREET ADDRESS	6		□ Cha	nge Addition	

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. 4-26-99 407-316-0343

SIGNATURE:

IGNATURE AND TO ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)