

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

DOCUMENT # **P98000098259**

1. Corporation Name  
**EVB DEVELOPMENT + MARKETING OF BUILDING SYSTEMS CORPORATION**

Principal Place of Business

**%777 LANTANA ROAD  
LANTANA FL 33462**

Mailing Address

**%777 LANTANA ROAD  
LANTANA FL 33462**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 [25]

2a. Mailing Address

26 **1505 SE 40th Street**

27 **Ste. C**

28 **Cape Coral, FL**

29 **33904** 30 **USA**

9. Name and Address of Current Registered Agent

**COHAN, DOLLY  
%777 LANTANA ROAD  
LANTANA FL 33462**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/23/1998**

4. FEI Number

**65 0878483**

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

81 Name **H.S. Blair & Associates, Inc.**

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

**1505 SE 40th Street**

83 **Ste. C**

84 City **Cape Coral**

**FL** 85 Zip Code **33904**

11. Pursuant to the provisions of Sections 607.0509 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, type, or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

[ ] DELETE

11 TITLE **D**  
12 NAME **BAFF, WOLFGANG**  
13 STREET ADDRESS **AHORNWEG 11**  
14 CITY-ST-ZIP **89551 KONIGSBRONN, GERMANY**

[ ] DELETE

11 TITLE **D**  
12 NAME **HILLE, H-DIETER**  
13 STREET ADDRESS **OSTENBERGSTAFFE 18**  
14 CITY-ST-ZIP **31084 FREDEN, GERMANY**

[ ] DELETE

11 TITLE **D**  
12 NAME **HILLE, H-DIETER**  
13 STREET ADDRESS **OSTENBERGSTAFFE 18**  
14 CITY-ST-ZIP **31084 FREDEN, GERMANY**

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[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[X] Change [ ] Addition

11 TITLE **Director**  
12 NAME **BASS, WOLFGANG**  
13 STREET ADDRESS **AHORNWEG 11**  
14 CITY-ST-ZIP **89551 KONIGSBRONN, GERMANY**

[ ] Change [ ] Addition

11 TITLE **Director**  
12 NAME **BASS, WOLFGANG**  
13 STREET ADDRESS **AHORNWEG 11**  
14 CITY-ST-ZIP **89551 KONIGSBRONN, GERMANY**

[ ] Change [ ] Addition

11 TITLE **Director**  
12 NAME **BASS, WOLFGANG**  
13 STREET ADDRESS **AHORNWEG 11**  
14 CITY-ST-ZIP **89551 KONIGSBRONN, GERMANY**

[ ] Change [ ] Addition

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[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

SIGNATURE:

(Signature and typed printed name of signing officer or director)

**WOLFGANG BASS**

**8/29/99**

**941-549-9499**

Date Daytime Phone #

0577346

CR2E034 (11/98)