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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S27544 (3)

1. Corporation Name

CINE II, INC.

97 MAR -3 AM 11:27

SECRETARY OF STATE  
TREASURY FLORIDA



REINSTATEMENT

9600

Principal Place of Business

Mailing Address

P.O. BOX 867  
LEHIGH ACRES FL 33970-0867

P.O. BOX 867  
LEHIGH ACRES FL 33970-0867

2. Principal Place of Business

2a. Mailing Address

21 P.O. BOX 687

26 P.O. BOX 687

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

LEHIGH ACRES

LEHIGH ACRES

24 Zip

Country

29 Zip

Country

33970-0867

25

FL

33970-0867

30

FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LORENZ, SIEGFRIED  
501 CONSTRUCTION LANE  
LEHIGH ACRES FL 33936

81 Name

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

83

84 City

8888882103598--7

-03/04/97--01069--001

\*\*\*375.00 \*\*\*375.00

FL

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

SIEGFRIED LORENZ

2-28-97

(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 PSD ☐ DELETE

NAME BERGMANN, GABRIELA

STREET ADDRESS 613 DAYTON AVE.

CITY-ST-ZIP LEHIGH ACRES FL

TITLE VTD ☐ DELETE

NAME EDER, MANFRED

STREET ADDRESS 613 DAYTON AVE.

CITY-ST-ZIP LEHIGH ACRES FL

TITLE D ☐ DELETE

NAME SCHREINER, ERICH

STREET ADDRESS 302 LEE BLVD., STE 105

CITY-ST-ZIP LEHIGH ACRES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1 1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/96 (941) 368-5200

Date

Daytime Phone #

CR2E034 (12/95)