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

PROFIT

CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90014 015 ***150.00

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S35694

EDELWEISS, INC.

				<u> </u>	BIBI
Principal Place of Business & Mailing Address				01011 B1011 B1011 Q1011 91011 (901	
291 SOUTH COLLIER BOULEVARD 291 SOUTH COLLIER BOUL			EVARD		
MARCO ISLAND FL 34145 MARCO ISLAND FL 34145		DO NOT WRITE IN THIS SPACE			
US US				3. Date Incorporated or Qualifed	0 01 702
}				03/01/1991	
2 Deieniaal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
 '	Place of Business	<u> </u>		65-0246149	Not Applicable
21 Suito Ar	ot. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
_	n. #, etc.	27		5. Certifcate of Status Desired	Fee Required
City & St	tato	City & State	· · ·	6, Election Campaign Financing	\$5.00 May Be
⊢ '''	ale	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in	ntangible
24	25		10	Personal Property Tax.	☐Yes KiNo
24	9. Name and Address of Cu		10. Name and Address of New Registered Agent		
			81 Name		
TEDIO, WILLIAM 291 SOUTH COLLIER BOULEVARD MARCO ISLAND FL 34145					
			82 Street Address (P.O. Box Number is Not Acceptable) 83		
ļ ''' '				<u> </u>	近の初にはい 調問期
		w'	84 City	FI	85 Zip Code
11 Dureus	at to the provisions of Sections 607	9502 and 607 1508 Florida Statutes	the above-named corr	poration submits this statement for the purpose of	of changing its registered
office o	r registered agent, o both, in the st	ate of Florida. Such change was aut	thorized by the corporat	ion's board of directors. I hereby accept the appo	ointment as registered
agent.	am familiar with and accept the of	bligations of Section 607.0505, Florid			199
SIGNATUR	Signature, typed or printed name of registered	Leasest and title if applicable (NOTE: E	PCES/ PELT Registered Agent signature requir		/ ' '
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	200	☐ Change ☐ Addition
NAME	TEDIO. WILLIAM		1.2 NAME	•	
STREET ADDRE			1.3 STREET ADDRESS		
1			1.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	MARCO IS FL	DELETE	2.1 TITLE		☐ Change ☐ Addition
	V TEDIO LOTTI		2.2 NAME		_ , _
NAME	TEDIO, LOTTI		2.3 STREET ADDRESS		į
STREET ADORE	700 0 0. m				
CITY-ST-ZIP	MARCO IS FL	□ DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE	\$	□ oere ie	3.1 TITLE		
NAME	TEDIO, RITA A		3.2 NAME		
STREET ADDRE	ss 820 S BARFIELD		3.3 STREET ADDRESS	and the second s	The second section of the second of

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 pustee 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

DELETE

SIGNATURE:

MARCO IS FL

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

MATTION AND TYPES OF BRINTED NAME OF SCHING OFFICER OF DIRECTO

WIFLEAM TEDIO, PRESION 1/2

941-394-6800

Addition

Addition

Daytime Phone #

Change

CD2E034 (11/08)