## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 18, 2005 8:00 am Secretary of State 02-18-2005 90052 050 \*\*\*150.00

| DOCUI<br>1. Entity Nam<br>3F RANC   |  | 96   |  |                    |                       |  | 02-18-2005              | 90052 050        | ***150        | ).00                                    |
|---|--|--|--|--------------------|-----------------------|--|-------------------------|------------------|---------------|---|
| Principal Place of Business 128 WEST OAK ST ARCADIA, FL 34266 US                      |  | · P.C  | Mailing Address P.O. BOX 2140 ARCADIA, FL 34265 US                       |                    |                       | (  |                         |                  | (U17;         |   |
| 2. Principal Place of Business  |  |  | 3. Mailing Address   |                    |                       |  |                         |                  |               |   |
| Suite, Apt. #, etc.   |  |  | Suite, Apt. #, etc.  |                    |                       | 02012005   | Chg-P                   | CR2E034          | (10/03)       |   |
| City & State  |  |  | City & State   |                    |                       | 4. FEI Number Applied For 65-0298502 Not Applicable                    |                         |                  |               |   |
| Zip   |  |  | Zip Coun   |                    | try                   | 5. Certificate of Status Desired See Require                           |                         | Required         |               |   |
|   | 6. Name and Address  | of Current Registe                           |  |                    |                       | 7. Name and Address of New Registered Agent                            |                         |                  |               |   |
| CARVER, CHARLES H ESQ.<br>101 EAST KENNEDY BOULEVARD<br>SUITE 4100<br>TAMPA, FL 33602 |  |  |  |                    | Name Street Addre     | ess (P.O. Box Numb   | er is Not Acceptable    | FL               | Zip Code      |   |
| the obligat   | •  | egistered agent and title if a               |  | :: Registere       | d Agent eignature re  | gistered agent, or bo  | th, in the State of Flo | orida. I am farr | iliar with, a | and accept                              |
| . After Ma  | E NOW!!! FEE IS \$1<br>ay 1, 2005 Fee will   | be \$550.00                                  | Trust Fund Cont  | ribution.          |                       | Added to Fees  | CHANGES TO OFF          |                  | 'C' H         | 77 - 11 - 12 - 12 - 12 - 12 - 12 - 12 - |
| 10.<br>TITLE<br>NAME  | PD<br>HOSKOVEC, HORST  | ICERS AND DIRECT                             | Delete   | 11.<br>TITU<br>NAM | E                     | ADDITIONS  | CHANGES TO OFF          | _                | ] Change      | Addition                                |
| STREET ADDRESS<br>City-St-Zip   | SCHWARZENBERG S<br>VIENNA, AUSTRIA,  |  |  |                    | ET ADDRESS<br>-ST-ZIP |  |                         |                  |               |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | VPD<br>ULLRICH, IRMGARD<br>SEESTRASSE 83<br>BAECH, SWITZERLAI  | ND,  | ☐ Delete   |                    |                       |  |                         | ,                | Change        | Addition                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | STD<br>ULLRICH, CHRISTIAN<br>UNTERER SCHREIBE<br>VIENNA, AUSTRIA,  | ERWEG 34                                     | ☐ Delete   |                    |                       | PD<br>ULLRICH, C<br>Hermanng<br>VIENNA, AI                             |                         | Æ                | Change        | Addition                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  | ☐ Delete   |                    | I .                   | D<br>Hackney, V<br>128 West (<br>Arcadia, Fl                           | Dak St                  |                  | ] Change      | Addition                                |
| TITLE NAME STREET ADDRESS   |  |  | ☐ Delete   | TITL<br>Nav<br>Str | I .                   | _  | p                       | . :              | Change        | Addition                                |
| CITY-ST-ZIP   |  | <u> </u>                                     |  | CITY               | Y-ST-ZIP              | <u>.                                    </u>                           |                         | i tiga e         |               | * :                                     |
| NAME  |  | 1 1  | Detete   | TITL<br>NAX<br>STR | I                     |  |                         |                  | Change        | Addition                                |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |  | 3 6  | . cm               | -ST-ZIP               | in Continue 440 0750   | (i) Florido Ctatuta-    | L fugher seet    | that the fe   |   |
| indicated   | certify that the information of the continuous of the continuous of the receiver or or on an attachment with | ental report is true as<br>trustoo empowered | nd accurate and that i<br>to execute this report<br>other like empowered | as requ            | ired by Chapte        | on Section 119.07(3)<br>the same legal effe<br>er 607, Florida Statuti | es; and that my nam     | e appears in E   | Block 10 or   | Block 11 if                             |

CHRISTIAN ULLRICH

INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

2-12-2005

863-494-6495

Daytime Phone ∉