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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V00635 (5)**

1. Corporation Name

AUSTRIAN DEVELOPMENT OF FLORIDA, INC.



Principal Place of Business

Mailing Address **1301 Riverplace Blvd.,**

% CINDY A. LAQUIDARA, ESQ.-MAHONEY-ADAMS

PO BOX 4090-

Suite 1629

50 N. LAURA ST. 3300 BARNETT CENTER

JACKSONVILLE FL 32201

JACKSONVILLE FL 32201

1301 Riverplace Blvd., Suite 1629

32207

Jacksonville, FL 32207

3. Date Incorporated or Qualified
12/17/1991

3a. Date of Last Report
08/11/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAQUIDARA, CINDA A. ESQ.

1301 RIVERPLACE BLVD., STE. 1629

JACKSONVILLE FL 32207

81 Name

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

83

84 City

FL

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 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)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME **D WRATSCHKO, DETLEF**
STREET ADDRESS **OBDORFWEG 35A 6700 BLUD**
CITY-STATE-ZIP **AUSTRIA**

1.2 TITLE ☐ DELETE

NAME **S WRATSCHKO, ANJA**
STREET ADDRESS **OBDORFWEG 35A 6700 BLUD**
CITY-STATE-ZIP **AUSTRIA**

1.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 TYPE OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

1-22-96 (904) 393-7979

Date

Daytime Phone #

CR2E034 (12/95)