FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:56

DOCUMENT # **V14779** **(5)**

1. Corporation Name

MARCO ISLAND INVESTMENT & PROPERTY MANAGEMENT, I NC.

Principal Place of Business	Mailing Address
561 KENDALLL DR MARCO ISLD FL 33937 US	561 KENDALL DR MARCO ISLD FL 33937 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1992
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0318640 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~SCHMOLLING, LYNDIE~~
~~561 KENDALL DR~~
~~MARCO ISLAND FL 33937~~

10. Name and Address of New Registered Agent

81 Name: Wolfgang Schmolling
82 Street Address (P.O. Box Number is Not Acceptable): 561 Kendall Drive
83
84 City: Marco Island, FL 85 Zip Code: 33937

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] DATE: 3-23-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PT~~	11 TITLE	PT	☒ Change ☐ Addition
NAME	~~SCHMOLLING, LYNDIE~~	12 NAME	Schmolling, Wolfgang	
STREET ADDRESS	~~561 KENDALL DR~~	13 STREET ADDRESS	561 Kendall Drive	
CITY ST ZIP	~~MARCO ISLAND FL~~	14 CITY ST ZIP	Marco Island, FL 33937	
TITLE	~~VP~~	21 TITLE		☐ Change ☐ Addition
NAME	~~SCHMOLLING, WOLFGANG~~	22 NAME		
STREET ADDRESS	~~561 KENDALL DR~~	23 STREET ADDRESS		
CITY ST ZIP	~~MARCO ISLAND FL~~	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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 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] Wolfgang Schmolling, Pres. 3-23-95
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Title) (Date)

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