## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996			1.5
DOCUMENT	#	V1	7

(1)

1. Corporation	AID CONDO CORPORATIO	ON (V)					
Principal Place	of Business	Mailing Address	.,			t urer defter artere filmis friffer fieffer fifft;	
1907 S.E. 35	SST	1907 SE 35 ST					
9 CARE CODA	. Ft. 00004	9					
CAPE CORA US	L FL 33904	CAPE CORAL F 33904 US	•		3. Date Incorporated or Qualified 02/26/1992	3a. Date of Last Report 04/20/1995	
2. Principal Pt	ace of Business	2a. Mailing Address			4. FEI Number 65-0415464	Applied For Not Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional	
22				5. Certificate of Status Desired	Fee Required		
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zιρ	Country	Zip	Country	/	This corporation has liability for intangible tax under s. 199.032.		
24	25	29	30		Florida Statutes		
	9. Name and Address of Curre	ent Registered Agent		T	10. Name and Address of New R	agistered Agent	
COVE	CICEL A		81	Name			
	GISELA E. 35TH STREET		82	Street Addr	ress (P.O. Box Number is Not Acceptable	le)	
	ORAL FL 33904		-				
UAFEU	ONAL FL 33904		83				
			84	City		FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the above	named corpor	ation submits this statement for the pur	pose of changing its registered office	
or register familiar wit	ed agent, or both, in the State of Flo Ih, and accept the obligations of, Se	irida. Such change was authoriz iction 607.0505, Florida Statutes	ed by the corp s.	oration's boar	ation submits this statement for the puri rd of directors. I hereby accept the appo	intment as registered agent. I am	
SIGNATURE _							
12.	Signature, typod or printed name of registered age OFFICERS A	IND DIRECTORS	TE: Registered Age	nt signature required	d when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	
TITLE	D	DELETE	1, 1 TiTLE		ADDITIONS/OFFANGES TO OFF	Change Addition	
NAME	BAAS, CONRAD		1.2 NAME			E strangs B sourcer	
STREET ADDRESS	1727 SE 41 ST		1.3 STREET	ADDRESS			
CITY - ST - ZIP	CAPE CORAL FL		1.4 CITY - 9				
TITLE	D	☐ DELETE	2.1 TITLE			Change Addition	
NAME	SOYKE, JUERGEN		2.2 NAME				
STREET ADDRESS	1907 S.E. 35TH STREET		2 3 STREET	ADDRESS			
CHY-S1-7IP	CAPE CORAL FL		2.4 CITY - 5	ST-ZIP			
TITLE	D	DELETE	3 1 TITLE			☐ Change ☐ Addition	
NAME	SOYKE, GISELA		3.2 NAME				
STREET ADDRESS	1907 S.E. 35TH STREET		3.3. STREE	T ADDRESS			
CITY - \$1 - ZIP	CAPE CORAL FL		3.4 CITY - 9	ST-ZIP			
TITLE		DELETE	4 1 TITLE			Change Addetion	
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY+SI-ZIP			4.4 CITY - S	II-ZIP			
THLE		☐ DELETE	5 1 TITLE			Change: Addition	
NAME			5.2 NAME			]	
STREET ADDRESS			5 3 STREET	ı			
CITY - ST - ZIP		□ DELETE	5.4 CITY - S	T-ZIP			
TITLE		☐ DELETE	6. 1 TITLE			☐ Chang-: ☐ Addition	
NAME CAREET ARRESON			6.2 NAME				
STREET ADDRESS			6.3 STREET	1			
City-St-ZiP	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6.4 CITY - S	T-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: LISTER SOURCE (GTSELA SOYKE) 4-26-96 941-540-063

CR2E034 (12/95)