PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # V55747
Corporation Name

Kaiser-Lee Investment Inc.

Principal Place of Business	Mailing Address
3732 S.E. 21st Pl.	3732 S.E. 21st Pl
CAPE CORAL, FL, 33904	CAPE CORAL, FL, 33904

21 Principal Place of Business	3732 SE 21st Pl	26 Mailing Address	3732 S.E. 21st Pl.
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State	CAPE CORAL, FL	28 City & State	CAPE CORAL, FL, ~~33904~~
24 Zip / 25 Country	33904 / LEE	29 Zip / 30 Country	33904 / LEE

4. Date Incorporated or Qualified: 08-02-92
5. Date of Last Report: 3-14-95
6. FEI Number: ~~V55747~~ 65 035047 — Applied For / Not Applicab
7. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
8. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
9. This corporation has liability for intangible tax under s 199.032, Florida Statutes — Yes ☐ No

10. Name and Address of Current Registered Agent

5306 MALIBU CT. Not any more
CAPE CORAL, FL 33904

12. Name and Address of New Registered Agent

81 Name: PETRA KAISER
82 Street Address (P.O. Box Number is Not Acceptable): 3732 S.E. 21st. PL.
83:
84 City: CAPE CORAL **FL** 85 Zip Code: 33904

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: PETRA KAISER — P. Kaiser — 05-29-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

13. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PETRA D. FUCHS I changed my name	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT WILLI Grätzenbach 5210 Colonado PKW. CAPE CORAL, FL 33904	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT PETRA KAISER 3732 SE 21st PL CAPE CORAL, FL 33904	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY - TRESURE WOLFGANG KAISER 3732 S E 21st PL ~~33904~~ CAPE CORAL, FL 33904	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP: ☐ Change ☐ Addition

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***225.00

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: P. Kaiser Petra D. Kaiser 05-29-96 (941)540 1137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
President