

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V66745 (3)

1. Corporation Name
AUB CORPORATION

Principal Place of Business
12670 NEW BRITTANY BLVD.
STE 101
FT. MYERS FL 33906

Mailing Address
12670 NEW BRITTANY BLVD.
STE 101
FT. MYERS FL 33906



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 P.O. Box 425		26 Suite, Apt. #, etc.	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State Lehigh Acres, FL		28 City & State	
24 Zip 33970		29 Zip	
25 Country USA		30 Country	
3. Date Incorporated or Qualified 09/23/1992			
4. FEI Number 65-0408618			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROYSTON JR, ROBERT D 12670 NEW BRITTANY BLVD. SUITE 101 FORT MYERS FL 33907		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNTERBERGER, ANDREAS	1.2 NAME	
STREET ADDRESS	1303 HOMESTEAD RD	1.3 STREET ADDRESS	237 Joel Blvd.
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	Lehigh Acres, FL 33972
TITLE	VST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARZMEIER, WILLIBALD	2.2 NAME	
STREET ADDRESS	1303 HOMESTEAD RD	2.3 STREET ADDRESS	237 Joel Blvd.
CITY-ST-ZIP	LEHIGH ACRES FL	2.4 CITY-ST-ZIP	Lehigh Acres, FL 33972
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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] 4-20-98 941-369-8989

CR2E034 (10/97)