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

Mailing Address

6117 ELLIOTT STREET PUNTA GORDA FL 33950

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P34029

1. Corporation Name

Principal Place of Business

TALACHKER 29

CH-8001 ZURICH SW

**PUNTA GORDA CITRUS GROWERS' ASSOCIATION** 

00		Ų.					1					
							3.	Date Incorporated or Qualifect 05/21/1991	I			
2. Principal P	lace of Business	2a. Ma	ailing Address				4.	4. FEI Number		Applied For		
21		26	26				_l	NOT APPLICABLE		No	t Applicable	
Suite, Apt.	#, etc.	Su	ite, Apt. #, etc.						-/	\$8.75	Additional	
22			27				5.	Certificate of Status Desired	$\mathbf{Z}$	Fee Re		
City & State City & State							<del>  _</del>	Firedia Commission Firedia	<del></del>	<b>\$5.00</b>	<u> </u>	
	<b>e</b>	$\vdash$	Ony a State				6.	Election Campaign Financing		\$5.00		
23 28								Trust Fund Contribution Added to Fees				
Zip	Country Zip			Country			8.	8. This corporation owes the current year Intangible				
24	25 29				30			Personal Property Tax. ☐ Yes ☑No				
9. Name and Address of Current Registered Agent							10.	10. Name and Address of New Registered Agent				
						Name						
SCHWARZ, STEPHEN DEH						Name						
21229 OLEAN BLVD.					32	2 Street Address (P.O. Box Number is Not Acceptable)						
						The second secon					1 2 5 5 1 250	
· Suite B					83			- 一、熱緒時間體議員	字 質問			
POR	IT CHARLOTTE FL 33952			L	_			1 15 (2) (2) (3) (4) (4) (4) (5)	4. 2- tol	It. I desti kies k	The State of the s	
					84	City		# = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		*   85   Zip C	Code ""	
FL   60 2 p 6000												
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 list 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.												
agent. I am familiar with, and accept the obligations of, Section our Joseph Fibrida Statutes.												
SIGNATURE			U MOTE	Ossistand A				- installand	DATE		i	
	Signature, typed or printed name of registered agent a				gent	signature requi		einstating)		UD DIDECTO	DO IN 40	
12.	OFFICERS AND	DIRECT		13.				ADDITIONS/CHANGES TO O	FFICERS A			
TITLE	PD		☐ DELETE	1.1 TITLI	E	}		から 名間に発費し		☐ Change	☐ Addition	
NAME	Jansen, Walter			1.2 NAM	E	ł					1	
STREET ADDRESS TALACKER 29					1.3 STREET ADDRESS							
THORAL CAUTTED AAD					1.4 CITY-ST-ZIP							
CITY+ST-ZIP				_		-ZIP					□ Aululaia a	
TITLE	VD		☐ DELETE	2.1 TITLI	E					Change	☐ Addition	
NAME	BIEDERMANN, JOSEF			2.2 NAM	E			•				
STREET ADDRESS	TRLACKER 29			2.3 STR	EET /	ADDRESS						
	ZURICH, SWITZERLAND											
CITY-ST-ZIP			C prints	2. 4 CITY		-219				Change	Addition	
TITLE	[ <b>.VD</b>		☐ DELETE	3.1 TITLE	t					[] Change	☐ X00,0001	
NAME	SOLINSKI, HELMUT A.			3.2 NAM	E							
STREET ADDRESS	6109 ELLIOTT STREET			3.3 STR	EET /	ADDRESS		and the second second				
CITY-ST-ZIP	PUNTA GORDA FL			3.4. CITY	/. ST	. 7ID			.2 1 1 1 1 1	中心黑色温度		
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NAME	Gautschy, Heiner Dr.			4, 2 NAM	Æ						, . l	
STREET ADDRESS	TALACKER 29			4.3 STRE	EET /	ADDRESS			:			
CITY-ST-ZIP	ZURICH SW			4.4 CITY	ST-	.ZIP					i	
TITLE	T		☐ DELETE	5.1 TITLE						Change	Addition	
	COLUMED CONCTANTIN DO			5.2 NAM				1000				
NAME	SCHULER, CONSTANTIN DR.											
STREET ADDRESS	TALACKER 29			5.3 STRE	EET/	ADDRESS			•			
CITY-ST-ZIP	ZURICH SW			5.4 CITY	- ST-	ZIP		10 · 数				
TITLE			☐ DELETE	6.1 TITLE	E					Change	☐ Addition	
NAME				6.2 NAM	Ε							
	The state of the s					ADDRESS						
STREET ADORESS						}					٠.	
CITY-ST-ZIP				6.4 CITY	-ST-	ZIP					<u></u>	
	ertify that the information supplied with											
indicated	on this annual report or supplemental a	annual reo	ort is true and accur	rate and th	hati	mv signatu	re shall	have the same legal effect as	if made und	ler oath: that I	am an	
Officer of a	director of the corporation or the receive or Block 13 if changed for on an attach	er or truste	ee empowered to ex	ecute this	rej	port as requ	uirea by	Chapter 607, Florida Statutes	s; and that n	ny name appe	ars in	
DIOUK 12 (	or proce to it changed the orden strate.	merr wydli	an address, will all	OUIDI IIVE	CIII	ipoweied.						

**FILED** Feb 10, 1999 8:00am **Secretary of State** 

02-10-1999 90003 033 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

SIGNATURE: