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**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90005 035 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000064822

1. Corporation Name  
**REBECCA DREAM HOMES, INC.**



Principal Place of Business  
**1812 CORAL CIR  
 NORTH FT MYERS FL 33903**

Mailing Address  
**1812 CORAL CIR  
 NORTH FT MYERS FL 33503**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23  
 Zip Country  
 24 25

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip Country  
 29 30

3. Date Incorporated or Qualified  
**07/24/1997**

4. FEI Number  
**65-0810117**

5. Certificate of Status Desired  Applied For  
 Not Applicable  
**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**SCHELLBACH, MONIKA  
 1812 CORAL CIR  
 NORTH FT MYERS FL 33903**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE **DPST**  
 NAME **TRABER-DINNENDAHL, KAROLA**  
 STREET ADDRESS **HERZOGSTR 13-51379**  
 CITY-ST-ZIP **LEVERKUSEN-GERMANY**

TITLE  DELETE  
 NAME **AS**  
 STREET ADDRESS **DINNENDAHL, BERND**  
 STREET ADDRESS **HERZOGSTR 113**  
 CITY-ST-ZIP **51379-LEVERKUSEN GE**

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS **HERZOGSTR. 13**  
 1.4 CITY-ST-ZIP **LEVERKUSEN, 51379, GERMANY**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS **HERZOGSTR. 13**  
 2.4 CITY-ST-ZIP **LEVERKUSEN, 51379, GERMANY**

3.1 TITLE  Change  Addition

4.1 TITLE  Change  Addition

5.1 TITLE  Change  Addition

6.1 TITLE  Change  Addition

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, with all other like empowered.

SIGNATURE: *Bernd Dinnendahl*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04.15.99**  
 Daytime Phone #

CR2E034 (1/98)