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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 680582 (4) 1. Corporation Name VELSEN INVESTMENTS, INC.

Principal Place of Business 1510 S. TUTTLE AVENUE SARASOTA FL 34239 Mailing Address 1510 S. TUTTLE AVENUE SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/31/1980 3a. Date of Last Report 04/01/1994 4. FEI Number 50-2047146 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent LETSCHERT, TRUDO TH.M. 1510 S. TUTTLE AVENUE SARASOTA FL 33577

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 re-registering) DATE

Table with 2 columns: 12. OFFICERS AND DIRECTORS (Title, Name, Street Address, City-St-Zip) and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (1-12 Name, 1-12 Street Address, 1-12 City-St-Zip)

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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 endorsement.

SIGNATURE: [Signature] SECRETARY OF STATE