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May 13 1997 8:00am
Secretary of State

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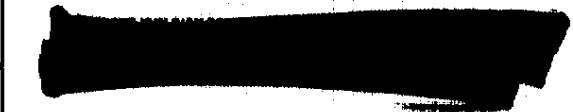
PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F94000003931 (2)**
1. Corporation Name
V & V NOORDLAND, INC.

Principal Place of Business: **P.O. BOX 739 MEDFORD NY 11763**
Mailing Address: **P.O. BOX 739 MEDFORD NY 11763-0739**



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

3. Date Incorporated or Qualified	3a. Date of Last Report
07/27/1994	07/08/1996
4. FEI Number	
11-2294342	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fee
<input type="checkbox"/>	
7. This corporation has liability for intangible tax under Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Name and Address of Current Registered Agent

NATIONSCORP REGISTERED AGENTS, INC.
526 E. PARK AVE.
SUITE 200
TALLAHASSEE FL 32302-3120

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	State

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 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 of the agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when replacing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PTD	1.1 TITLE	
NAME	VAN HEYST, JAN J.S.	1.2 NAME	
STREET ADDRESS	16 COMMERCIAL BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEDFORD NY	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	HOFMAN, WILLEM	2.2 NAME	
STREET ADDRESS	16	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEDFORD NY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	LAMMERS, FRANS	3.2 NAME	
STREET ADDRESS	116 COMMERCIAL BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEDFORD NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	WILLEMS, REIN	4.2 NAME	
STREET ADDRESS	16	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEDFORD NY	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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4/5/13/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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 I were 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 the information appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia A. Hart*

5/1/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR