

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90168 001 ***450.00

0063090 AV

DOCUMENT # P00000018080

1. Entity Name
FLORIDA INVESTMENT CONSORTIUM, INC.

Principal Place of Business 316 N. JOHN YOUNG PKWY., STE. 14 KISSIMMEE FL 34741	Mailing Address 316 N. JOHN YOUNG PKWY., STE. 14 KISSIMMEE FL 34741
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address P O Box 430401
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Kissimmee
Zip	Country
34743	USA

4. FEI Number 59-3628193	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GROENEDIJK, PETRUS J
316 N. JOHN YOUNG PKWY., STE. 14
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name *Ideal Opportunities Inc*
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]* *President* DATE *3/28/02*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	AKKERMAN, RUDOLF H.	
STREET ADDRESS	WILLEM DE ZWIJGERLAAN 19 SANTPOORT	
CITY-ST-ZIP	NOORD HOLLAND NETHERLANDS 2082 -BA	
TITLE	D	<input type="checkbox"/> Delete
NAME	AKKERMAN, MARION	
STREET ADDRESS	WILLEM DE ZWIJGERLAAN 19SANPORT	
CITY-ST-ZIP	NOORD HOLLAND NL 208-2 BA	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROENEDIJK, PETRUS J	
STREET ADDRESS	316 N. JOHN YOUNG PKWY., STE. 14	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *Rudolf H Akkerman* *3/28/02* *407 944 9515*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)