

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90321 001 *1,200.00

060306 AV

DOCUMENT # P0000018080

1. Entity Name
FLORIDA INVESTMENT CONSORTIUM, INC.



Principal Place of Business
**316 N. JOHN YOUNG PKWY., STE. 14
KISSIMEE FL 34741**

Mailing Address
**316 N. JOHN YOUNG PKWY., STE. 14
KISSIMEE FL 34741**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3628193**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IDEAL OPPORTUNITIES INC
316 N. JOHN YOUNG PKWY., STE. 14
KISSIMEE FL 34741**

Name
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. I am familiar with, and accept the obligation of, the registered agent.

SIGNATURE Peter J Groenendijk Pres 3/27/03
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	GROENENDIJK, PETRUS J
STREET ADDRESS	316 N. JOHN YOUNG PKWY., STE. 14
CITY-ST-ZIP	KISSIMEE FL 34741
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peter J Groenendijk 3/27/03 407 944 9515
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)