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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P93000037782 (8)**
1. Corporation Name
EASTWOOD INVESTORS, INC.

Principal Place of Business Mailing Address
**2407 FRUITVILLE RD.
SARASOTA FL 34237** **2407 FRUITVILLE RD.
SARASOTA FL 34237**

21. Principal Place of Business 26. Mailing Address
21 **26** **BURG. VAN OERSLAAN 32**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
City & State City & State
23 **4904 LL OOSTERHOUT**
Zip Country
24 **25** **29** **30** **NETHRLDS.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
05/25/1993 **04/07/1994**

4. FEI Number Applied For
NOT APPLICABLE 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

9. Name and Address of Current Registered Agent
**DOZIER, THOMAS A
2407 FRUITVILLE RD.
SARASOTA FL 34237**

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required after registration) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DE BIE, JAN W
STREET ADDRESS	BURG VAN OERSLAAN 32
CITY, ST, ZIP	4904 LL OOSTERHOUT, NETHRLDS
TITLE	D
NAME	DE BIE-HEBSACKER, RENATE H
STREET ADDRESS	BURG VAN OERSLAAN 32
CITY, ST, ZIP	4904 LL OOSTERHOUT, NETHRLDS
TITLE	D
NAME	DE BIE, ANGELIQUE M
STREET ADDRESS	BURG VAN OERSLAAN 32
CITY, ST, ZIP	4904 LL OOSTERHOUT, NETHRLDS
TITLE	D
NAME	DE BIE-BERKHOUT, CATHERINA W
STREET ADDRESS	MOLIERELAAN 23
CITY, ST, ZIP	UTRECHT, THE NETHERLANDS
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	DE BIE, ALEXANDER V. Ph.	
13. STREET ADDRESS	BURG, VAN OERSLAAN 32	
14. CITY, ST, ZIP	4904 LL OOSTERHOUT, NETHRLDS	
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY, ST, ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY, ST, ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY, ST, ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY, ST, ZIP		

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 110.07(3)(b), Florida Statutes. I further certify that the information included 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. 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.

SIGNATURE: *[Signature]* **J.W. de Bie, Pres.** 3/15/95 # 31,1620-28601

SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR