

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000049936 (5)

1. Corporation Name
AMBIANCE, INC.

Principal Place of Business

203 THIRD ST
ST AUGUSTINE FL 32095

Mailing Address

203 THIRD ST
ST AUGUSTINE FL 32095

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/01/1994

3a. Date of Last Report

2. Principal Place of Business

21 6370 US 1 NORTH

2a. Mailing Address

26 P.O. BOX 3445

Suite, Apt. #, etc.

22 BUILDING 1

Suite, Apt. #, etc.

27

City & State

23 ST. AUGUSTINE, FL

City & State

28 ST. AUGUSTINE FL

Zip

24 32084

Country

25 USA

Zip

29 32085

Country

30 USA

4. FEI Number

59-3255381

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

9. Name and Address of Current Registered Agent

COOKE, A H
1301 GULF LIFE DR, 2254
JACKSONVILLE FL 32207

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 installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
DE RAAD, BERNARD R
203 THIRD ST
ST AUGUSTINE FL 32095

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
OPGELDER, HENDRIK H
203 THIRD ST
ST AUGUSTINE FL 32095

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
HENDRIKS, ALEXANDER M
203 THIRD ST
ST AUGUSTINE FL 32095

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ Change ☐ Addition

BAUME
4251 PALMETTO STREET
ST. AUGUSTINE FL 32095

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☒ Change ☐ Addition

BEUKELSZOOEWEG 2
5466 AT VEGHEL, NETHERLANDS

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(a), Florida Statutes. I further certify that the information indicated in 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 address.

SIGNATURE:

BERNARD DE RAAD

4/13/95

9048249088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number