FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1998 DIVISION OF CORPORATIONS					Secretary of State	
-	MENT # P970 SBEEK, INC.	000037857 ((4)			
ACAINO	ODECII, IIIO					A 1861E 1 868 1 8 18 18 18 186 0
Principal Place	of Business	Mailing Address	<u> </u>	<u></u>		
301 NORTH FERNCREEK AVENUE 301 NORTH FERNCREEK			REEK AVE	NUE		
ORLANDO FL		ORLANDO FL 3280			DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualified	3 6 ACL
					04/25/1997	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number 59-3454852	Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required	
City & State	•	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip		ountry	8. This corporation owes or has paid the	···
24	25	29	30		Personal Property Tax due June 30.	🔲 Yes 🔀 No
	9. Name and Address of Cu CLARRY, GEORGE C	irrent Registered Agent		81 Name	10. Name and Address of New Registere	d Agent
301 NORTH FERNCREEK AVENUE ORLANDO FL 32803				83	ress (P.O. Box Number is Not Acceptable)	
				84 City	F	85 Zip Code
SIGNATURE	Signature, typed or punted name of registers			ered Agent signature requir	coration submits this statement for the purpose tion's board of directors. I hereby accept the a cred when religious (CHANGES TO OFFICERS A ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE		TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	DEKKER-GIEZENAAR, AR		1.2	2 NAME		-
STREET ADDRESS	GRIENDEN 24, 3831 HR	LEUSDEN	1.3	STREET ADDRESS		
CITY-ST-ZIP	THE NETHERLANDS OC	T prieve		CITY-ST-ZIP		
TITLE NAME	d Dekker, menno a	☐ DELETE		I TITLE 2 NAME		Change Addition
STREET ADDRESS	GRIENDEN 24, 3831 HR	LEUSDEN		B STREET ADDRESS		
CITY-ST-ZIP	THE NETHERLANDS OC		•	4 CITY-ST-ZIP	• *	
TITLE		☐ DELETE	31	TITLE		Change Addition
NAME			- 1	2 NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP TITLE	- <u></u>	DELETE		I. CITY-ST-ZIP		Change Addition
NAME		المالين المالين		2 NAME		LI Muddon
STREET ADDRESS				STREET ADDRÉSS		
CITY-ST-ZIP				CITY - ST - ZIP		
TITLE		DELETE		TITLE		Change Addition
NAME CIRCU ADDOCCO				NAME		
STREET ADDRESS				STREFT ADDRESS		
CITY-ST-ZIP TITLE		DELETE		TITLE		Change Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
0/7// 62 2/6			l			

14. Thereby certify that the information supplied with this thing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplied annual eport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the produce 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 or accurate in with an address.

CICNATURE.

25 of WARCH 1998

Apr 03 1998 8:00am