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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 329663 1. Corporation Name

BRABANT, INC.

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90057 023 ***158.75



Principal Place of Business Mailing Address							* 100760 12116 21010 18210 01130 1		IBII QIQIF AIRFI QI	ANT CIRIL IRRI
1401 S. OCEAN DR., APT #802 1401 S. OCEAN DR., APT #				02						
HOLLYWOOD FL 33019 HOLLYWOOD FL 33019										,
							DO NOT WRITE IN THIS SPACE			
							ate Incorporated or Qualifed 5/03/1968			
2. Principal Pl	ace of Business	2a. Mailing Address					El Number		App	lied For
21		26				5	9-1274828			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							ertifcate of Status Desired	×	\$8.75 _. ∧	
22		27				V			Fee Re	
City & State	•	-City & State					lection Campaign Financing		\$5.00	
23		28					rust Fund Contribution		Added to	rees
Zip				Country			8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No			
24	[25]	29	30	T			ersonal Property Tax. lame and Address of New	Registered		
	9. Name and Address of Current	Registered Agent		81	Name	10. 10	idille ditu Address of Hem	registeres	Agoin.	
VAN	HEYNINGEN, ANTHONIE W				1100					
1401 S. OCEAN DR., APT #802				82	Street A	Address (P.C). Box Number is Not Accep	table)		
	LYWOOD FL 33019			83						
				"						
				84	City		• • • • • • • • • • • • • • • • • • • •	FL	85 Zip C	ode
44 Purevant	to the provisions of Sections 607.0502	2 and 607 1508. Florida Statu	tes the a	bove	-named	corporation s	submits this statement for th	e purpose of	changing its	registered
office or r	edistered agent or both in the State of	of Florida. Such change was a	authorized	i bv t	he corpo	oration's boar	rd of directors. I hereby acco	ept the appoi	ntment as reg	jistered
agent. La	m familiar with, and accept the obligati	ions of, Section 607.0505, Fit	onua Stati	utes.					•	1
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOT	E: Registered	Agent	signature re	equired when rein	stating)	DATE	<u> </u>	
12.	OFFICERS ANI		13.			AC	DITIONS/CHANGES TO O	FFICERS AN	ID DIRECTO	RS IN 12
TITLE	VD	☐ DELETE	1.1 TF	TLE					Change	☐ Addition
NAME	VAN HEYNINGEN, MARIA		1.2 N	ME			,			
STREET ADDRESS	1401 S OCEAN DRIVE		1.3 S7	REET	ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CI	TY-\$T	-ZIP					
TITLE	SD	☐ DELETE	2.1 ∏	2.1 TITLE		•			Change	☐ Addition
NAME	van Heyningen, Maria		2.2 N	2.2 NAME		•				,
STREET ADDRESS	1401 S OCEAN DR.		2.3 ST	REET	ADDRESS				. :	
CITY-ST-ZIP	HOLLYWOOD FL		2.40	TY-ST	r-zip					
TITLE	PTD	☐ DELETE	TE 3.1 TITLE					٠,	Change	Addition
NAME	van Heyningen, anthonie		3.2 NAME							
STREET ADDRESS	1401 S OCEAN DRIVE		3 3 S	REET	ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL		3.4. C	ITY-SI	r-zi P					
TITLE		☐ ĐELETE	4,1 TITLE				,		Change	Addition
NAME			4. 2 N	AME						
STREET ADDRESS			4.3 S	TREET	ADDRESS			•		
CITY-ST-ZIP		4.4		4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE						☐ Change	☐ Addition
NAME			5.2 N	AME						ĺ
STREET ADDRESS			5.3 S	TREET	ADDRESS				,	ļ
CITY-ST-ZIP			5.4 CI	TY-ST	-ZIP				,	
TITLE		☐ DELETE	6.1 TI	TLE				·	Change	☐ Addition
NAME			6.2 N	AME					,	ļ
STREET ADDRESS			6.3 S	TREET	ADDRESS					

CITY-ST-ZIP 14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: