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

PROFIT CORPORATION ANNUAL REPORT



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

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161

1. Corporation	NENT# 3393. L. VAN DUSSELDORP 8		INC.				#)	
Principal Place	of Business	Mailing Addre		***************************************			AT OTTER OFFI FIOLITATION OFFI OFFI FAUL	
Principal Place of Business 2201 STIRLING RD FT. LAUDERDALE FL 33312-6607		2201 STIRL	2201 STIRLING RD FT. LAUDERDALE FL 33312-6607					
			•			3. Date incorporated or Qual-fied 3. 02/09/1978	3a. Date of Last Report 04/21/1995	
2. Principal Pla	ce of Business	2a. Mailing Ac	Idress			4. FEI Number	Applied For	
21		26	26			59-1800954	Not Applicable	
Suite, Apt. #, etc.		n	Suite, Apt. #, etc.		5. Certificate of Status Desired [\$8.75 Additional Fee Required		
City & State		27 City & Sta	 le			6. Election Campaign Financing	— \$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Zip	Country	Ζφ		Country		8. This corporation has liability for inta	· ·	
24	25 9. Name and Address of Curr	29	30	վ		Florida Statutes		
	a. Manie and Address of Chu	eni Registered Age	······································	81	Name	10. Name and Address of New Reg	istered Agent	
VAN DU	SSELDORP, LARRY L.					(0.6) (0.4)		
	CKSON STREET			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
HOLLYW	OOD FL 33021			83				
				84	City		85 Zip Code	
11 Duramant to	the eracionary of Cartings 607.05	00 and 607 1609 Ela	ids Chabalan, th		d.ec.	poration submits this statement for the purpo	FL	
or registere familiar with	d agent, or both, in the State of Fland, and accept the obligations of, Se	prida. Such change w	as authorized by	y the corps	aration's ti	poration sharris this statement, for the purpo- loard of directors, I hereby accept the appoint	tnient as registered agent. Lam	
SIGNATURE .	Agriature ityped or printed name of registere)। ag	est a «I stecid as qui con «	(Nr. E. Pr.	gistered Ager	tsgrafwere.	pured when restolding	DATE	
12.		NO DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PD VAN DUSSELDOOD LADD		DELETE 1 TITLE				Change 🔲 Addition	
NAME VAN DUSSELDORP, LARRY STREET ADDRESS 4619 JACKSON ST		T L		1.2 NAME				
STREET ADDRESS 4619 JACKSON ST CITY-ST-ZIP HOLLYWOOD, FL 00000			1.3 STREET ADDRESS 1.4 City - St - Zip		Hollywood, Fl 33021			
TITLE		[]	EL E TE	2 1 THLE			Change Addition	
NAME				2.2 NAME				
STREET ADDRESS				23 STREET	ADDRESS			
CITY-ST-ZIP			5, 575	2.4 CHY-S	1 - 216			
TITLE		□ ι	PELETE	3 1 7111.6			Change Addition	
NAME				3 2 NAMÉ	APONICS			
STREET ADDRESS CITY-ST-ZIP				3.3 STREET 3.4 City - S				
TITLE			ELETE	4 1 HILE	1 - 21		Change Addition	
NAMÉ				4.2 NAME				
STREET ADDRESS				4 3 \$ (RE1 F	ADDRESS			
CITY - ST - ZIP				4.4 Cily - S	1-28			
TITLE		[] t	ELETE	5 FFILE			Change Addition	
NAME				5.2 NAME				
STREET ADDRESS				53STREET				
CITY-ST-ZIP		<u></u>	ELETE	54 CITY S	1 ZIP		Change	
TITLE NAME		ناد	LILIL	6 1 THT: E 62 NAME			Charige Addition	
STREET ADDRESS				63 STREET	ADDRESS			
CITY-ST-ZIP				64 CITY - S				
	certify that the information supplie	d with this filing is volu	untarily furnished			ty for the exemption stated in Section 119.07	(3½k), Florida Statutes, I further	

roughly certify that the information supplied with this linky is voluntary formation and obes not tiplarly for the exemption stated in Section 119.07 (5)(s). Florida Statutes. 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 ultrachment with an address.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OF OFFICER OF