PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 593502

1. Corporation Name

HOLLAND AMERICAN MANAGEMENT AND INVESTMENT COMPA

Principal Place of Busine
13585 49TH STREET N
OLEADMATED EL 04000

Mailing Address

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90055 018 ***150.00



•			1				
13585 49TH STREET N CLEARWATER FL 34622	13585 49TH STREET N CLEARWATER FL 34622		DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualifed	,			
			11/16/1978				
Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For			
M.	26		59-1862747	Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.		. 1 2 2 4	5. Certifcate of Status Desired	\$8.75 Additional			
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
SCHWAANHUYSER, L. F A 13585 49TH STR N		81 Name					
		82 Street Address (P.O. Box Number is Not Acceptable)					
CLEARWATER FL 34622		83					
•		84 City	F	L 85 Zip Code			
11. Pursuant to the provisions of Sections 60	07.0502 and 607.1508, Florida Statutes, the	above-named corporatio	pration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered ointment as registered			

office or r agent. I a	egistered agent, or both, in the State of Florida. Such cr im familiar with, and accept the obligations of, Section 6	nange was auth 07.0505, Florida	a Statutes.	oration's board of dif	rectors. Thereby acce	apt the appointment as	registered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Pa	gistered Agent signature re	equired when rejectating)		DATE	
12.	OFFICERS AND DIRECTORS	(NOTE: NO	13.		NS/CHANGES TO O	FFICERS AND DIREC	TORS IN 12
TITLE		DELETE	1,1 TITLE			Chang	
NAME	SCHWAANHUYSER, JOSINA		1.2 NAME				
STREET ADDRESS	5325 ASHLEY PKWY		1.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		211.	34241 □ Chang	
TITLE		DELETE	2.1 TITLE			Chang	e 🛛 Addition
NAME	RAVESTIJN, LENA		2.2 NAME				-
STREET ADDRESS	P/A 5325 ASHLEY PKWY		2.3 STREET ADDRESS				
CITY-ST-ZIP · -	SARASOTA FL	💉 بسامونسور	2. 4 CITY-ST-ZIP-		21/1:	3424/- Chang	20.0
TITLE	PTDM	DELETE	3.1 TITLE		<u> </u>	☐ Chang	e Addition
NAME	SCHWAANHUYSER, LOUIS F.A.		3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS			_	
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-ST-ZIP		21h:	34241	
TITLE	VP -	DELETE	4.1 TITLE			☐ Chang	e Addition
NAME	SCHWAANHUYSER, NIELS Y.		4. 2 NAME		•		
STREET ADDRESS	TOOL LOUNTY BUILDY		4,3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZiP		<u> </u>	39241	
TITLE .	D	DELETE	5.1 TITLE			☐ Chang	e Addition
NAME	SCHWAANHUYSER, MARALYN L		5.2 NAME				
STREET ADDRESS	2325 ASHLEY PKWY		5.3 STREET ADDRESS		10.	24.4.4	
CITY-ST-ZIP	SARASOTA FL 34241		5.4 CITY-ST-ZIP		UH.	34241	
TITLE		DELETE	6.1 TITLE			☐ Chang	e Addition
NAME			6.2 NAME				
STREET ADDRESS	(and the state of		6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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.

SIGNATURE: