07-29-1999 90001 001 \*\*\*550.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

LIMARAN II, INC.

| Pri | nçi | pal Place of Busines | s |
|-----|-----|----------------------|---|
| 111 | c   | EAIDDANIC AVENUE     |   |

#101

Mailing Address

111 E. FAIRBANKS AVENUE #101

| \ |  |
|---|--|
|   |  |

~~, ~~ . 30001 - I

| WINTER PARK FL 32789                                 |   | WINTER PARK FL 32789                 |  | DO NOT WRITE IN THIS SPACE   |  |  |
|--|---|--------------------------------------|--|--|--|--|
|  |   |                                      |  | 3. Date Incorporated or Qualified  |  |  |
|  |   |                                      |  | 05/08/1978   |  |  |
| 2. Principal Place of Business 1 2a. Mailing Address |   |                                      | i la A                                       | 4. FEI Number Applied For  |  |  |
| 21 \\\ E   | JUL STANGO LANG   | 26 INE, + PAC                        | ebants Au                                    | 98-0040273 Not Applicable  |  |  |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.                  |  | \$8.75 Additional  |  |  |
| 21 # 101 27 # 101                                    |   |                                      |  | 5. Certificate of Status Desired Fee Required  |  |  |
| City & State   | 0 10  | City & State = ()                    | 6. Election Campaign Financing \$5.00 May Be |  |  |  |
| 23 WW.   | - Vanti Houle   | 28 Wyta Ya                           | or Kerce                                     | Trust Fund Contribution Added to Fees  |  |  |
| Zig c  | Country   | Zig                                  | Country C                                    | 8. This corporation owes the current year  |  |  |
| 24 32 / 8  | SY 25 WH  | Intangible Personal Property. Yes No |  |  |  |  |
|  | 9. Name and Address of Curren                                     | t Registered Agent                   |  | 10. Name and Address of New Registered Agent   |  |  |
|  |   |                                      | 81 Name                                      |  |  |  |
| AMOS, PEGGY  |   |                                      |  | 82 Street Address (P.O. Box Number is Not Acceptable)  |  |  |
| 111 (  | e. Fairbanks avenue   |                                      | 52 Street Addi                               | ress (P.O. Box Number is Not Acceptable)   |  |  |
| <b>#</b> 101   |   |                                      | 83   |  |  |  |
| WINT   | ER PARK FL 32789  |                                      |  |  |  |  |
|  |   |                                      | 84 City                                      | FL 85 Zip Code   |  |  |
| 11 Dumuent   | to the provisions of pactions 507 0500                            | and 607 1509 Florida Statutes        | the above-named corne                        | pration submits this statement for the purpose of changing its registered  |  |  |
| office or r  | edistered agent, or both, in the State                            | of Florida. Such change was au       | thorized by the corporati                    | ion's board of directors. I hereby accept the appointment as registered  |  |  |
| agent. I a   | in familiar with, and accept the obliga                           | ations of, section 607.0505, Flori   | da Statutes.                                 | 13 1099  |  |  |
| SIGNATURE  | Kith Land   | 36/12                                | E: Registered Agent signature reg            | guired when reinstating) DATE  |  |  |
| 12.  | Signature, typed or photochaine of registered agen<br>OFFICERS AN |                                      | 13.  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |  |
| TITLE  | PD  | <del></del>                          | 1.1 TITLE                                    |  |  |  |
|  | NIJLAND, JAN  | L) DELETE                            | 1.2 NAME                                     | Change L Addition  |  |  |
| ATALLE DELL DOLDENIO OF ATRIVIETO                    |   |                                      |  |  |  |  |
| STREET ADDRESS                                       | NETHERLANDS, EUROPE   | SIDIALANEG                           | 1.3 STREET ADDRESS                           |  |  |  |
| CITY-ST-ZIP  | NETHERLANDS,EUROPE  |                                      | 1.4 CITY-ST-ZIP                              |  |  |  |
| TITLE  |   | DELETE                               | 2.1 TITLE                                    | Change Addition  |  |  |
| NAME   |   |                                      | 2.2 NAME                                     |  |  |  |
| STREET ADDRESS                                       |   |                                      | 2.3 STREET ADDRESS                           |  |  |  |
| CITY-ST-ZiP  | · .   |                                      | 2.4 CITY-ST-ZiP                              |  |  |  |
| TITLE  |   | DELETE                               | 3.1 TITLE                                    | Change Addition  |  |  |
| NAME   |   |                                      | 3.2 NAME                                     |  |  |  |
| STREET ADDRESS                                       |   |                                      | 3.3 STREET ADDRESS                           | الموسيد  |  |  |
| CITY-ST-ZIP  |   |                                      | 3.4 CITY-ST-ZIP                              |  |  |  |
| TITLE  |   | DELETE                               | 4.1 TITLE                                    | Change Addition  |  |  |
| NAME   |   |                                      | 4.2 NAME                                     |  |  |  |
| STREET ADDRESS                                       |   |                                      | 4.3 STREET ADDRESS                           |  |  |  |
| CITY-ST-ZiP  |   |                                      | 4.4 CITY-ST-ZIP                              |  |  |  |
| TITLE  |   | DELETE                               | 5.1 TITLE                                    | Change Addition  |  |  |
| NAME   |   | <del>_</del>                         | 5.2 NAME                                     | - <del>-</del>   |  |  |
| STREET ADDRESS                                       |   |                                      | 5.3 STREET ADDRESS                           |  |  |  |
| CITY-ST-ZIP  |   |                                      | 5.4 CITY-ST-ZIP                              |  |  |  |
| TITLE  | <del></del>   | DELETE                               | 6.1 TITLE                                    | Change Addition  |  |  |
| NAME   |   | o                                    | 6.2 NAME                                     | Ordings Addition   |  |  |
| STREET ADDRESS                                       |   |                                      | 6.3 STREET ADDRESS                           |  |  |  |
| CITY-ST-ZIP  |   |                                      | 6.4 CITY-ST-ZIP                              |  |  |  |
|  | tify that the information supplied with                           | this filing does not qualify for the |  | tion 440 07/2V/V Ff-ide Ctet to 1 forther a 4/f- that the information  |  |  |
| indicated a  |   |                                      | exemplion stated in sec.                     | alon Tra.07(3)(I). Flonda Statutes, Flutther Centiv that the information i   |  |  |
| indicated o  | n this annual report or supplemental                              | annual report is true and accura     | e and that my signature                      | tion 119.07(3)(i), Florida Statutes. I further certify that the information eshall have the same legal effect as if made under oath; that I am quired by Chapter 607, Florida Statutes; and that my name appears |  |  |

SIGNATURE: