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

1996 **DOCUMENT** #

841952

(5)

1. Corporation Name AZER HOLDINGS N.V.

7200 PROCTOR RD	7200 PROCTOR RD.
rincipal Place of Business	Mailing Address



Principal Place of	Business	Mailing Address						
7200 PROCTO		7200 PROCTOR RD.						
SARASOTA FL	. 34241				3. Date Incorporated or Qualified 12/01/1978	3a. Date of Last Report 04/25/1995		
		Las Mailea Address 1			4. FEI Number	1	1.7	Applied For
. Principal Place	e of Business	2a. Mailing Address	51 51	REET	59-1786827			Not Applicable
Suite. Apt. #, etc City & State		2a. Mailing Address 26 /590 FIRST STREET Suite As) # etc. 27 ATTN; TIM GOAR City & State 28 SAKASOTA FL		5. Certificate of Status Desired S8.75 Additional Fee Required 6. Flection Campaign Financing Trust Fund Contribution S9.00 May Be Added to Fees				
								Zψ
<u></u>	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	legistered Ag	ent	
	<u> </u>		8					
TALBOT,	LINDA		8:	2 Street Addre	ess (P.O. Box Number is Not Acceptab	ole)	_	
	OCTOR RD.		8					
SARASO	TA FL 34241		•				1 1 2	
			8	4 City		FL	85 Z	ip Code
	207.050	22 - J COV 1509 Flor to Statute	the above	named corpor	ation submits this statement for the pure of directors. Thereby accept the app	rpose of chang	ging its	registered offic
12.	Synaton, tyrestor parted has not registered up OFFICERS A	ND DIRECTORS	13. 1 1 MI	F	ADDITIONS/CHANGES TO OF	FICERS AND D	Change	ORS IN 12 Addition
12. TITLE	Р		1 1 111	F			Change	← [] Addition
NAME	ULMKE, RITA		1.2 NAM					
STREET ADDRESS	7200 PROCTOR RD.			EET ADDRESS				
CITY-ST-ZIP	SARASOTA FL	☐ DELETE	2 1 11 ¹ 1	r-St-ZIP			Change	Addition
TITLE	VT TALBOT, LINDA	☐ DECEN	2 2 NAN					
NAME	7200 PROCTOR RD			EFT ADDRESS				
STREET ADORESS	SARASOTA FL			Y-ST-Z:P				
CITY - ST - ZIP		☐ D€LETE	3 1 TiT] Chang	e 🔲 Addition
NAME			3 2 NA	NF				
STREET ADDRESS				REET ADORESS				
CITY - ST - ZIP		DELETE	3.4 CIT 4. 1 TIT	Y-ST-ZIP		<u>_</u>) Chang	e 🔲 Additio
TITLE		☐ pereu	4. 1 10 4.2 NAI	!				
NAME				REET ADDRESS				
STREET ADDRESS				Y-ST-ZIP				
CITY-ST-ZIP TITLE				ILE] Chang	je 🔲 Additio
		☐ DELETE	5 1 1					
		DELETE	5 1 TH 5 2 NA	l				
NAME STREET ADDRESS		DELETE	5.2 NA	l				
NAME			52 NA 53 STI 54 CU	ME REFT ADDRESS IY - ST - ZIP			☐ Chan	ne 🚺 Additi
NAME STREET ADDRESS		DELETE	52 NA 53 STI 54 CII 6-1 TI	ME PEFT ADDRESS BY-ST-ZIP TLE		Ē	Chang	ge 🔲 Additi
NAME STREET ADDRESS CITY - ST - ZIP			52 NA 53 STI 54 CII 6 1 TI 62 N4	ME PEF LADORESS LY-ST-ZIP TLE		Ĺ	Chang	ge 🗋 Additio
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	52 NA 53 STI 54 CII 6 1 TI 62 N ⁴ 63 ST	ME PEET ADDRESS EY-SI-ZIP TLE MME REET ADDRESS	y for the exemption stated in Section 1		_	_

I do hereby certry that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 trustice en-powered 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 attacument with an address.

SIGNATURE

TYPED OR DRINTED NAME OF SIGNING OFFICER OF DIRECTOR