05-03-1999 90116 036 \*\*\*150.00

## 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 # FORMONOPONS

Corporation	Name	02000							
KOMPAS MAKELAARDIJ 'T GOOI B.V.									
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Principal Place of Business Mailing Address						-   1881:88 1410 18:88 1541 00 <u>:11</u> 9811	OURIL BOILD FIVIL D	#	
13902 N DALE MABRY HWY 13902 N DALE MABRY HWY SUITE 165 SUITE 165									
TAMPA FL 33618 TAMPA FL 33618						DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualifed			
						04/28/1993		1	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21	26					59-3251816		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.7	5 Additional	
27					,	5. Certifcate of Status Desired	Fee	Required	
	City & State City & State					6. Election Campaign Financing	\$5.0	00 May Be	
23	, <u> </u>					Trust Fund Contribution	• •	ed to Fees	
Zip				untry 8. This corporation owes the current year Intangible					
24	25 29 30			Personal Property Tax. Yes No			□No		
	9. Name and Address of Current	_ <del> </del>	-			10. Name and Address of New Regist	ered Agent		
5. Haille and Address of Current Registered Agent				1 Na	ame				
MYERS, W. PARKINSON									
13902 N DALE MABRY HWY			8	2 St	Street Address (P.O. Box Number is Not Acceptable)			ł	
	E 165		š	3					
TAMPA FL 33618			ľ	٦				)	
TAIN A LE GOOTG			8	84 City			FL 85 Z	Zip Code	
				Д,			1	- itinto	
office or r	soletared agent or both in the State o	f Florida. Such change was au	thorized b	v the	med corpor corporation	ration submits this statement for the purpo i's board of directors. I hereby accept the	se or changing appointment a	s registered	
agent. I ai	n familiar with, and accept the obligati	ons of, Section 607.0505, Flori	da Statute	es.		, ,		•	
SIGNATURE	•								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis					ature required t	when reinstating) DA		OTODO IN 12	
12.	OFFICERS AND	···	13.			ADDITIONS/CHANGES TO OFFICER	Chan		
TITLE	DC	☐ DELETE	1.1 TITLE		1			ige	
NAME	BOEGSCHOTEN, BERT JAN			Ē					
STREET ADDRESS 1200 AV HILVERSUM, PALACE RESIDENCE			1.3 STRE	ET ADD	RESS				
CITY-ST-ZIP	THE NETHERLANDS		1.4 CITY	ST-ZIP					
TITLE	DVC	□ DELETE	2.1 TITLE			•	☐ Chan	nge	
NAME			2.2 NAME	Ε					
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CITY-ST-ZIP			2. 4 CITY	-ST-ZIP	.   -	سي ۽ ي		<u>-</u>	
TITLE			3.1 TITLE				Chan	nge 🔲 Addition	
NAME	. 32		3.2 NAME	3.2 NAME					
STREET ADDRESS	∖ ·		3.3 STRE	ET ADD	RESS			\	
				3.4. CITY-ST-ZIP					
CITY-ST-ZIP TITLE	<del></del>	DELETE	4.1 TITLE			-	☐ Chan	nge Addition	
			4. 2 NAME				_		
NAME				4.2 NAME 4.3 STREET ADDRESS				•	
STREET ADDRESS					- 1				
CITY-ST-ZIP			4.4 CITY		-		☐ Char	nge Addition	
TITLE			5.1 TITLE 5.2 NAMI						
NAME			1	5.3 STREET ADDRESS		•			
STREET ADDRESS	DME22		1						
CITY-ST-ZIP			5.4 CITY-					ngo D Addition	
TITLE		☐ DELETE	6.1 TTTLE				☐ Chan	nge	
NAME	WIL			6.2 NAME				į	
	•		6.3 STRE	ET ADD	RESS ]				

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 or changed, or oh an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

(703) 506-1006