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

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

DOCUMENT # F9300004146

Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

PARK AVENUE DEVELOPMENTAMSTERDAM B.V.

•	
Principal Place of Business	Mailing Address
535 PARK AVENUE NORTH WINTER PARK FL 32789	P O BOX 1508 Winter Park FL 32790 US

FILED Feb 08, 1999 8:00am Secretary of State

02-08-1999 90053 043 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

09/13/1993

59-3208544

4. FEI Number

Zip	Country	Zip	Coun	try	8. This corporation owes the c	· <u>-</u>	_	
24	25	29	30		Personal Property Tax.	Yes	□No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
28 V	IAMS, WARREN E VEST CENTRAL BOULEVARD	State Augustine State of the State		Name Street Addr	ess (P.O. Box Number is Not Acce	ptable)	e de la companya	
ORL	ANDO FL 32801		[7	33		医神经神经 医		
•				34 City	1 x x x x x x x x x x x x x x x x x x x	FL	Code	
office or r	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was	s authorized	by the corporation	oration submits this statement for ton's board of directors. I hereby ac	he purpose of changing its cept the appointment as re	registered egistered	
SIGNATURE	Signature, typed or printed name of registered agent ar	rt title if applicable (NC	OTE: Registered A	gent signature required	d when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO	OFFICERS AND DIRECTO	ORS IN 12	
TITLE	CP	[] DELETE	1.1 TRL	É	()	☐ Change	☐ Addition	
NAME	VAN DER BEEK, JOHANNES M		1.2 NAM	ië	,			
STREET ADDRESS	DE BOELELAAN 7, SUITE 5.16		1.3 STR	EET ADDRESS		•		
CITY-ST-ZIP	1083 HJ AMSTERDAM, NETHERL	AN	1.4 CIT	-ST-ZIP				
TITLE	V .	☐ DELETE	2.1 TITL	E		☐ Change	☐ Addition	
NAME	WILLIAMS, WARREN E		2.2 NAA	SE .				
STREET ADDRESS	28 WEST CENTRAL BOULEVARD		2.3 STR	EET ADDRESS			1	
CITY-ST-ZIP	ORLANDO FL 32801	118 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2. 4 CIT	Y-ST-ZIP		· .		
TITLE :	V.	☐ DELETE	3.1 TITL	E		☐ Change	☐ Addition	
NAME	PALASCHINSKI, REINHARD	1,7, 15	3.2 NAM	Æ				
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NAME			5.2 NAM		*		İ	
STREET ADDRESS	Dis.		5.3 STF	EET ADDRESS			Ì	
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TITLE	AND THE PROPERTY OF THE PARTY O	☐ DELETE	€.1 TITL			☐ Change	☐ Addition	
NAME	PERCHELAR DE MARA		6.2 NAM	·			ł	
STREET AODRESS	李	şe ⁱ	6.3 STF	EET ADDRESS				
CITY-ST-ZIP	[}	****		r-ST-ZiP				
14. I hereby	certify that the information supplied with	this filing does not qualify	for the exen	ption stated in S	Section 119.07(3)(i), Florida Statute s shall have the same legal effect a	es. I further certify that the	intormation	

4. 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 an appear of the receiver of the corporation of

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

407-629-9082

(DE/LC) #COURT