

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003931 (2)

1. Corporation Name

V & V NOORDLAND, INC.



Principal Place of Business

Mailing Address

P.O. BOX 739
MEDFORD NY 11763

P.O. BOX 739
MEDFORD NY 11763

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

NATIONSCORP REGISTERED AGENTS, INC.
526 E. PARK AVE.
SUITE 200
TALLAHASSEE FL 32302-3120

3. Date Incorporated or Qualified

07/27/1994

3a. Date of Last Report

07/24/1995

4. FEI Number

11-2294342

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed in block of registered agent and the applicable

(b)(3)(F) Registered Agent signature required when not applying

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME VAN HEYST, JAN J.S.
STREET ADDRESS 16 COMMERCIAL BLVD
CITY-ST-ZIP MEDFORD NY

TITLE VSD
NAME HOFMAN, WILLEM
STREET ADDRESS 116 COMMERCIAL BLVD.
CITY-ST-ZIP MEDFORD NY 11763

TITLE D
NAME LAMMERS, FRANS
STREET ADDRESS 116 COMMERCIAL BLVD.
CITY-ST-ZIP MEDFORD NY 11763

TITLE D
NAME WILLEMS, REIN
STREET ADDRESS 116 COMMERCIAL BLVD.
CITY-ST-ZIP MEDFORD NY 11763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS 16 COMMERCIAL BLVD
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS 16 COMMERCIAL BLVD.
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS 16 COMMERCIAL BLVD.
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/94

Daytime Phone #

CR2E034 (3/96)