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May 13 1997 8:00am
Secretary of State

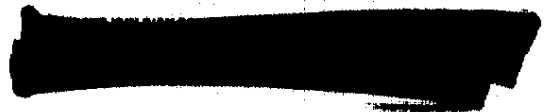
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PROFIT CORPORATION
ANNUAL REPORT
1997



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: **P.O. BOX 739 MEDFORD NY 11763**
Mailing Address: **P.O. BOX 739 MEDFORD NY 11763-0739**

3. Date Incorporated or Qualified: **07/27/1994**
3a. Date of Last Report: **07/08/1996**
4. FEI Number: **11-2294342**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fee
7. This corporation has liability for intangible tax under Florida Statutes: Yes No

2. Principal Place of Business: 2a. Mailing Address
21 Suits, Apt. #, etc: 26 Suite, Apt. #, etc.
22 City & State: 27 City & State
23 Zip: 28 Country
24 Zip: 25 Country: 29 Zip: 30 Country

8. Name and Address of Current Registered Agent
**NATIONSCORP REGISTERED AGENTS, INC.
526 E. PARK AVE.
SUITE 200
TALLAHASSEE FL 32302-3120**

9. Name and Address of New Registered Agent
91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City: **FL** 95

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 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 of the agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's Name Required After Retiring)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------------|---|--|
| TITLE | PTD | 1.1 TITLE | |
| NAME | VAN HEYST, JAN J.S. | 1.2 NAME | |
| STREET ADDRESS | 16 COMMERCIAL BLVD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MEDFORD NY | 1.4 CITY-ST-ZIP | |
| TITLE | VSD | 2.1 TITLE | |
| NAME | HOFMAN, WILLEM | 2.2 NAME | |
| STREET ADDRESS | 16 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MEDFORD NY | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | |
| NAME | LAMMERS, FRANS | 3.2 NAME | |
| STREET ADDRESS | 116 COMMERCIAL BLVD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MEDFORD NY | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | |
| NAME | WILLEMS, REIN | 4.2 NAME | |
| STREET ADDRESS | 16 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MEDFORD NY | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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 I were 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 it appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia A. Hart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97