

2-6-98 B 1597 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000006140 (6)**

1. Corporation Name

MAYPORT INCORPORATED N.V.

Principal Place of Business

Mailing Address

**% GRANT THORNTON LLP
777 BRICKELL AVE. SUITE 1200
MIAMI FL 33131**

**DEE FROMM
2500 HALLANDALE BEACH BLVD. STE 707 P
HALLANDALE FL 33009**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1995

4. FEI Number

98-0050695

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 owes or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FROMM, DEE
2500 E. HALLANDALE BEACH BLVD
SUITE 707-P
HALLANDALE FL 33009**

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

Dee Fromm, R.E. Broder

1/5/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **BOONSTRA, R.J.**
STREET ADDRESS **DE RUYTERKADE 62**
CITY-ST-ZIP **CURACAO, N.A.**

TITLE ☐ DELETE
NAME **P PIONKOWSKI, MARIA**
STREET ADDRESS **QUINTA MARITZA, CALLE C-1, URB.LA LAGUNITA**
CITY-ST-ZIP **BARACAS 1000, VENEZUELA**

TITLE ☐ DELETE
NAME **V DE CARLI, ANNA M**
STREET ADDRESS **QUINTA CHUNEL, CALLE CHIVACOA**
CITY-ST-ZIP **CARACAS 1061, VENEZUELA**

TITLE ☐ DELETE
NAME **S MELENIKIOTIS, SOTIRIOS**
STREET ADDRESS **139 CEDAR HILLS CENTER**
CITY-ST-ZIP **CHAPEL HILL NC 27514**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 if changed, or on an attachment with an address.

SIGNATURE

Dee Fromm, R.E. Broder

95 Thornton - 1998

CR2E034 (10/97)