

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90026 006 \*\*\*600.00

0251744

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L42969**

1. Corporation Name  
**DE JONGH, INC.**

Principal Place of Business 2450 SW 137TH AVENUE SUITE 221 MIAMI FL 33175	Mailing Address 2450 SW 137TH AVENUE SUITE 221 MIAMI FL 33175
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>01/11/1990</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0172057</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**DE JONGH J., HUBERT R.**  
**1700 SW 57TH AVENUE**  
**SUITE 205**  
**MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name	<b>DE JONGH, EUMELIA</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>155 OCEAN LANE DRIVE</b>
83	<b>UNIT 302-W</b>
84 City	<b>KEY BISCAIYNE</b>
85 Zip Code	<b>FL 33149</b>

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **3/16/99**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<del>PTD</del>	<input checked="" type="checkbox"/>
NAME	<del>DE JONGH J., HUBERT R.</del>	
STREET ADDRESS	<del>1700 SW 57TH AVENUE</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	<b>VSD</b>	<input type="checkbox"/>
NAME	<b>DE JONGH, EUMELIA</b>	
STREET ADDRESS	<b>1700 SW 57TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<b>D/P/V/S/T</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>DE JONGH, EUMELIA</b>		
2.3 STREET ADDRESS	<b>155 OCEAN LANE DRIVE, UNIT 302-W</b>		
2.4 CITY-ST-ZIP	<b>KEY BISCAIYNE, FL 33149</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: *[Signature]* **PRESIDENT** DATE: **3/16/99**

CR2E034 (1/198)