FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # L44126 (5)

1. Corporation Name
NIJENRODE INC.

Principal Place of Business
% HAL JACOVITZ
~~17213 NEWPORT CLUB DRIVE~~
~~BOCA RATON FL 33496~~

Mailing Address
% HAL JACOVITZ
~~17213 NEWPORT CLUB DRIVE~~
~~BOCA RATON FL 33496~~

3. Date Incorporated or Qualified: 01/23/1990	3a. Date of Last Report: 02/28/1995
4. FEI Number: 65-0174004	☐ 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	

2. Principal Place of Business
21 4601 N. Federal Hwy
Suite, Apt. #, etc.
22 Pompano Bch FL
City & State
23
24 Zip 33064 25 Country USA

2a. Mailing Address
26 4601 N. Fed Hwy
Suite, Apt. #, etc.
27
City & State
28 Pompano Bch FL
29 Zip 33064 30 Country USA

9. Name and Address of Current Registered Agent
JACOVITZ, HAL
~~17213 NEWPORT CLUB DRIVE~~
~~BOCA RATON FL 33496~~

10. Name and Address of New Registered Agent
81 Name: HAL Jacovitz
82 Street Address (P.O. Box Number is Not Acceptable): 4601 N. Federal Hwy
83
84 City: Pompano Bch FL 85 Zip Code 33064

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] Pres 3/22/96
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	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	JACOVITZ, HAL		1.2 NAME	HAL Jacovitz
STREET ADDRESS	17213 NEWPORT CLUB DRIVE		1.3 STREET ADDRESS	4601 N. Federal Hwy
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	Pompano Bch FL 33064
TITLE	~~D~~	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	~~LEVIN, ROBYN K.~~		2.2 NAME	Delete Robyn Levin
STREET ADDRESS	~~17213 NEWPORT CLUB DRIVE~~		2.3 STREET ADDRESS	
CITY-ST-ZIP	~~BOCA RATON FL~~		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Pres 3/22/96 954 943 1437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)