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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
4601 N FEDERAL HWY
17213 NEWPORT CLUB DRIVE
POMPANO BCH FL 33064
US

Mailing Address
4601 N FEDERAL HWY
17213 NEWPORT CLUB DRIVE
POMPANO BCH FL 33064-8510
US



3. Date Incorporated or Qualified 01/23/1990
3a. Date of Last Report 04/16/1996

2. Principal Place of Business
21 4601 N. Federal Hwy
Suite, Apt. #, etc.

2a. Mailing Address
26 4601 N. Federal Hwy
Suite, Apt. #, etc.

22 City & State
23 Pompano Bch. FL
24 Zip 33064
25 Country USA

27 City & State
28 Pompano Bch FL
29 Zip 33064
30 Country USA.

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

9. Name and Address of Current Registered Agent

JACOVITZ, HAL
4601 N FEDERAL HWY
POMPANO BCH FL 33064

953 Hyacinth Dr.
Delray Bch FL
33483

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Hal Jacovitz Pres.*
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D JACOVITZ, HAL	4601 N FEDERAL HWY	POMPANO BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do 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: *Hal Jacovitz Pres.* 4-18-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 953 9431437

CR2E034 (9/96)