FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

Corporation Name

DOCUMENT #

(1)

FORES	ST PAHK SPHINGS B.V., IN			· · · · · · · · · · · · · · · · · · ·					
Principal Place of 168 LOOKOL STE. 100	JT PLACE	Mailing Address 166 LOOKOUT PLACE STE. 100	E						
MAITLAND FL 32751 US		MAITLAND FL 32751 US			3. Date Incorporated or Qualified 10/16/1984	3a. Date of Last Report 04/19/1995			-
Principal Place of Business		2a. Mailing Address 26			4. FEI Number 98-0068972		h	Applied For Not Applicable	
Suite, Apt. #	etc. Suite 201	Suite, Apt. #, etc.	U 1 76	: Z01	5. Certificate of Status Desired			Additional Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Ζφ 24	Country 25	Zip 29	30 Cou	ntry	8. This corporation has liability for Florida Statutes Yes	□ No		199.032,	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egistered Ag	ent		
				81 Name					
166 LO	NM, A.C. OKOUT PLACE				ress (P.O. Box Number is Not Acceptab	le)			
-	801			83					
	ND FL 32751			84 City		┡┖		Code	
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric n, and accept the obligations of, Secti	la. Such change was authoriz	ed by the d	ve-named corpor corporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the appu	pose of chang pintment as re	jing its n gistered	egistered offic agent. I am	;e
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable fNC	TF: Reastered	Agent signature require	d when reinstating)	DATE			۔ ۔
12.	OFFICERS AND		13.	ygon ograns require	ADDITIONS/CHANGES TO OFF		IRECTO	RS IN 12	70/01/24
TITLE	D	☐ DELETE	1. 1 TITLE				Change	Addition	
NAME	VAN DEN BERG, GERRITT J),	1.2 N/	AME					7
STREET ADDRESS	BODEGRAAFSESTRAATWEG	163		REET ADDRESS					[
CITY - ST - ZIP	2805 GN GOUDA NETHERS		1.4 C	TY-ST-ZIP					};
TITLE	AIF	DELETE	2.1 T	ITLE			Change	☐ Addition	
NAME	LEERDAM, A.C.		2.2 N/	AME					
STREET ADDRESS	166 LOOKOUT PLACE, STE	. pr 201	2 3 51	reet address					
CITY-ST-ZIP	MAITLAND FL	fra pri ere		TY-ST-ZiP		· [7]	Change	Addition	\dashv
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NAME.	•		6.2 N	AME					
STREET ADDRESS			6.3 5	TREET ADDRESS					
CITY - ST - ZIP				ITY-ST-ZIP		07/0/11 5: :		٠ الد. ١٤	\dashv
 I do hereby certify that oath; that I appears in 	y certify that the information supplied the information indicated on this annular man officer or director of the corps. Block 12 or Block 13 if changes 11/1/	with his filing is voluntarily furr ial report or supplemental and fration or the receiver or truste on an attachment with an add	nished and nual report i ee empowe iress.	goes not qualify in is true and accurate the red to execute the	for the exemption stated in Section 119 ate and that my signature shall have the iis report as required by Chapter 607, Fi	same legal ef orida Statutes	ia statut fect as if ; and tha	res. Fruriner f made under at my name	

SIGNATURE: __

SIGNATURE AND THEO OF PRINTED NAME OF SI HIG OFFICER OR DIRECTOR