

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90114 004 \*1,111.25

DOCUMENT # P05404

1. Corporation Name

ATHERTON COMPANY N.V.

Principal Place of Business

1200 SMITH ST., STE. 2355  
HOUSTON TX 77002

Mailing Address

1200 SMITH ST., STE. 2355  
HOUSTON TX 77002

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1985

4. FEI Number

98-0049262

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 the current year Intangible  
Personal Property Tax. ☐ 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

SHAIKH, TERRY  
C/O ATHERTON COMPANY N.V.  
8660 W. IRLO BRONSON MEM. HWY.  
KISSIMMEE FL 34746

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE PS ☐ DELETE

NAME SHAIKH, TERRY  
STREET ADDRESS 1200 SMITH ST., STE. 2355  
CITY-ST-ZIP HOUSTON TX 77002

1.1 TITLE ☐ Change ☐ Addition

NAME T ☐ DELETE

STREET ADDRESS LOONEY, JACQUELINE M  
CITY-ST-ZIP 1200 SMITH ST., STE. 2355  
HOUSTON TX 77002

1.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME CURACAO INTERN'L TRUST  
STREET ADDRESS DE RUYTRKADE 62  
CITY-ST-ZIP WILLIAMSTADT, CURAC

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

2.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

2.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

3.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

3.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

4.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

4.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

5.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

5.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/99

713-759-0790

Date

Daytime Phone #

CR2E034 (11/98)