

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P07790

1. Corporation Name

"PALM B" BEHEER B.V.

Principal Place of Business

MAURITSKADE 5  
2514 HC DEN HAAG  
THE NETHERLANDS

Mailing Address

186 LOOKOUT PLACE, SUITE 100  
OEN HA 2514 -C  
US

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 SEP -3 AM 10:07



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1985

4. FEI Number

90-0073087

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.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 175 LOOKOUT PLACE

Suite, Apt. #, etc.

27 SUITE 201

28 City & State

MAITLAND, FL

29 Zip

30 Country

32751

USA

9. Name and Address of Current Registered Agent

LEERDAM, A.C.  
175 LOOKOUT PLACE  
STE 201  
MAITLAND FL 32751

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 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

TITLE P  
NAME BESSEM, HERMAN  
STREET ADDRESS MAURITSKADE 5  
CITY-STATE-ZIP 2514 HC, THE NETHERLANDS

☐ DELETE

TITLE T  
NAME HAZELEGER, HENK  
STREET ADDRESS RUBENSSTRAAT 165  
CITY-STATE-ZIP 6717 VE EDE, THE NETHERLANDS

☐ DELETE

TITLE D  
NAME HAZELEGER, HENDRIK  
STREET ADDRESS RUBENSSTRAAT 165  
CITY-STATE-ZIP 6717 VE EDE, THE NETHERLANDS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

700002978147--6

09/03/99-01042-001

\*\*\*150.00\*\*\*

8/31/99

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 register 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/99

407-645-5244

Date

Daytime Phone #

012577

CR2E034 (5/99)