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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P34443

Corporation Name

CONWAY VAN DER WOLK LIMITED CO.

4443

(2)

## FILED Feb 17 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address			3 butiliant inn littl dikts Albet meban tret hinte dinte neutr neutr arate arate	
206 SEABREEZE AVE DELRAY BEACH FL 33483		206 SEABREEZE AVE DELRAY BEACH FL 33483-7022			·	
US DELTATION	H FL 53403	US	O-TOEL	:	•	
••					3. Date incorporated or Qualified 06/19/1991	3a. Date of Last Report 04/16/1996
2. Principal P 21	lace of Business	2a. Mailing Address 26			4. FEI Number 54-1568140	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc.		<del></del>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State	······	<del> </del>	6. Election Campaign Financing	\$5.00 May Be
23	•	28		:	Trust Fund Contribution	Added to Fees
Ζφ	Country	Zip	Country		8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29	30	:		Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	ilstered Agent
VAN DER WOLK, PETER			81	Name		
230	0 PGA BLVD		82	82 Street Address (P.O. Box Number is Not Acceptable)		
PAL	M BEACH GARDENS FL 33410					
			83	·)		
			84	City		FL 85 Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607 0502 registered agent, or both, in the State o im familiar with, and accept the obligat	and 607.1508, Florida State of Florida Such change was ions of, Section 607.0505, I	utes, the above s authorized by Florida Statute	named co the corpora s,	rporation submits this statement for the pu ation's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered
SIGNATURE	<u></u>				<u> </u>	
12.	Signature Typed or printed name of registered agent OFFICERS AND		DTE: Registered Age	nt signature req	uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE FRS AND DIRECTORS IN 12
TIFLE	P	DELETE	1.1 TITLE	<del>                                     </del>	100111011010111111111111111111111111111	☐ Change ☐ Addition
NAME	VAN DER WOLK, CONWAY		1.2 NAME			
STREET ADDRESS	206 SEABREAZE AVE		1.3 STREET	ADDRESS		
CHTY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-5	:		
1ITLE	\$	DELETE	2.1 TITLE	-		Change Addition
NAME	BROWN, CHARLES J.		2.2 NAME	:		
STHEET ADDRESS	4719 POCAHONTAS AVE		2.3 \$TREE1	ADDRESS		
CITY-\$1-ZIP	RICHMOND VA		2. 4 CITY-	ST-ZIP	·	
TITLE	T	DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	VAN DER WOLK, PETER W.		3.2 NAME	:		
STREET ADDRESS	206 SEABREEZE AVE		3.3 STREET	ADDRESS		•
CITY-ST-ZIP	DELRAY BEACH FL		3.4. CITY -	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-S1-ZIP			4.4 CiTY-5	-21P		A
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	ADDRESS		
CITY-S1-ZIP			5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAM!E			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPE OF PRANSO NEWS OF SIGNING OFFICER OF DIRECTOR

2/0/17 (561)276.2984