## 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

P36778 **DOCUMENT #** 

(9)

VAN RONZELEN, INC.

Principal Place of Business 1431 S. OCEAN BLVD #80

1. Corporation Name

Mailing Address

1431 S. OCEAN BLVD #80



POMPANO BEACH FL 33062		POMPANO BEACH FL	POMPANO BEACH FL 33062						
						3. Date incorporated or Qualified 12/19/1991	3a. Date		Report /1995
<b>├</b> ── '	ace of Business	2a. Mailing Address				4. FEI Number	·	T	Applied For
21		26				43-0409780			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27			5. Certificate of Status Desired			75 Additional e Required	
City & State	9	City & State				Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees
Zip	Country	Zip ·	Cou	intry		8. This corporation has liability for in	ntannihle tav		
24	25	29	30			Florida Statutes Yes	∏No	, Dridoi	5 100.002,
	<ol><li>Name and Address of Curren</li></ol>	t Registered Agent				10. Name and Address of New Re	gistered A	gent	
				81	Name				
MUSC	HANY, SUSAN V.			62	Street Address	ss (P.O. Box Number is Not Acceptable	o)		
2137 N	NE 67TH ST.			-	Olivet Addres	SS (1.0. DOX NUMBER IS NOT ACCEPTABLE	0)		i
FT. LA	UDERDALE FL 33308			83					
				84	City			85	Zip Code
11. Pursuant t	o the provisions of Sections 607 0502	and 607 1508. Florida Statuto	s the abo		amad aaraara	tion submits this statement for the purp	<u> </u>	Щ	
Or registori	ed agent, or both, in the State of Florid th, and accept the obligations of, Section	ia. Such change was admonze	d by the c	corpo	oration's board	of directors. I hereby accept the appoint	intment as r	iging it egister	s registered office ed agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent a	and trile if applicable. (NOT	E Registered	Agent	it signature required v	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE	CERS AND D	DIRECT	TORS IN 12
TITLE	DCP	☐ DELETE	1 1 1)	TLE				Chang	e 🔲 Addition
NAME	VAN RONZELEN, JAYNE		1.2 NAME		- 1				
STREET ADDRESS	1431 S. OCEAN BLVD.		1.3 STREE		ADDRESS				
CITY+ST-ZIP	POMPANO BEACH FL		1.4 CHTY -		T - ZIP				FORS IN 12
Trile	VD	☐ DELETE	2. 1 TITLE		ŀ			Change	Addition
NAME	KEVIL, NANCY V.			2.2 NAME					
STREET ADDRESS	2004 MISTY GLEN		2.3 ST	2.3 STREET ADDRESS					
CITY-ST-ZIP	COLUMBUS MO	D 05: 575	2.4 Cm		T-ZIP				
THLE	DST CHANN CHANN	•		3 1 TITLE				Change	Addition
NAME CLESSEZ ADDDESSE	MUSCHANY, SUSAN V. 2137 NE 67 ST.		3 2 NA		ļ				
STREET ADDRESS	FT. LAUDERDALE FL				ADDRESS				
CITY-ST-ZIP TITLE	I I. LAUDERDALE FL	DALE FL		3 4 CITY - ST - ZIP 4. 1 TITLE				01	
NAME		ال مددد					L.J	Change	Addition
STREET ADDRESS			4.2 NA		ADDDEGG				
CITY-ST-ZIP			•		ADDRESS				1
TITLE		T DELETE	4.4 CIT 5 1 TIT		- EIP			Channe	Addition
NAME		_ pecene	5 2 NA					Change	Addition
STREET ADDRESS					ADDRESS				[
CITY-ST-ZIP			5.4 CiT						ĺ
TITLE		DELETE	6. 1 TIT		-114			Change	Addition
NAME		<b>—</b>	6.2 NA				L.J	Shumbe	
STREET ADDRESS					ADORESS				
City-St-Zip			6.4 CIT						
	certify that the information supplied w	ith this filing is voluntarily furnis			not musify to	the exemption stated in Castian 440.0	7(0)(1)		

certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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: Susan V. Muss

1/16/96 305-772-6238