


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

FILED

Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P40237 (0)

1. Corporation Name
VERMEER CARIBBEAN SALES AND SERVICE, INC.

Principal Place of Business
6970 WALLIS RD. 1A
WEST PALM BEACH FL 33413

Mailing Address
6970 WALLIS RD. 1A
WEST PALM BEACH FL 33413



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 08/24/1992	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 42-1375592	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Zip 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent LYTLE, TOM 8311 NW 64TH ST. BAY #6 MIAMI FL 33166				10. Name and Address of New Registered Agent	
				81 Name LYTLE, TOM	
				82 Street Address (P.O. Box Number is Not Acceptable) 6970 WALLIS RD. 1A	
				83	
				84 City WEST PALM BEACH	
				FL 85 Zip Code 33413	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP BOAT, CARL HIGHWAY 163 WEST PELLA IA <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC LYTLE, TOM 8311 NW 64TH ST. BAY #6 MIAMI FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PRESIDENT LYTLE, TOM 6970 WALLIS RD 1A W.P.B., FL 33413 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNZIKER, ROBERT M. TIERGARTENSTRASSE SWITZERLAND <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BESTEN, MERLE DEN 5449 OLD WINTER GARDEN ORLANDO FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LYTLE, TOM 8311 NW 64TH ST. BAY #6 MIAMI FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOKHOVEN, MELVIN 1320 GRESHAM RD. MARIETTA GA <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:

Signature and typed or printed name of signing officer or director
TOM LYTLE, President. Jan 5 1998 (561) 478-1114

CR2E034 (10/97)