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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000014057 (0)

VANSTAHL U.S.A., INC.

FILED Apr 07 1998 8:00am Secretary of State

Principal Place of Business Mailing Address								J INDICADA ALO ININI HAITA 404AI ALICE ON	III BOIDI KITIK BAI	HI uhin i h il	II FORT TOEL
2198 M SARAS	IAIN STREE OTA, FL 34.		2198 MAIN STREET SARASOTA, FL 34237 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
								02/20/1995			
2. Principal P	Place of Business	2a. Maili	2a, Mailing Address				4. FEI Number		Ap	plied For	
21		26	_ 				65-0560330		No	t Applicable	
Suite, Apt.		27					5. Certificate of Status Desired		\$8.75 A Fee Re	Additional quired	
City & Stat		28					6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip 24	25	Country	Z ip 29	29 30				8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent								10. Name and Address of New Re	gistered Age	nt	
JAENSCH, PETER J						81	Name				
	MAIN STE		•		82	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)			
SARASOTA, FL 34237						B3			· · · · · · · · · · · · · · · · · · ·		
						84	City		FL ⁸	35 Zip (Code
11. Pursuant office or r	to the provisions registered agent,	of Sections 607, or both, in the S	0502 and 607.150 tale of Florida. Su	named corporation	oration submits this statement for the pon's board of directors. I hereby accept		anging itr Iment as	s registered 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 pureled name of registered agent and little if applicable (NOTE Registered							nt signature require	od when reinstating)	DATE		
12.		OFFICERS	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR	S IN 12
TITLE	D			☐ DELETE	1.1 7	ITLE	}			Change	Addition
NAME	LETOUCHE,						·				
STREET ADDRESS	913 MCEWE OSPREY FL						ADDRESS				ĺ
CITY-ST-ZIP TITLE	USPRET PL	34229	·	DELETE	1.4 C 2.1 Ti	ITY-SI	T- ZIP			Change	Addition
NAME					2.2 N				لــا	Glange	L AUGILIUII
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP				240							
TITLE				☐ DELETE	31 TI					Change	Addition
NAME					32 N	AME					
Street address					335	TREET	ADDRESS				
CITY-ST-ZIP						HY-S	T-ZIP				
TITLE				DELETE	4.1 Y					Change	Addition
NAME					4.2 N						[
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP TITLE	· T			DELETE	4.4 C	ITY-SI	I - ZIP			Change	Addition
NAME				المالية المالية	5.1 H					OLKHIĞU	Avuilibii
STREET ADDRESS							address				
CITY-ST-ZIP					ı	ity-St					
TITLE				DELETE	6.1 Tr					Change	Addition
NAME					6.2 N	AME					
STREET ADORESS					6.3 ST	TREET	ADDRESS				
	L.										

14. Thereby 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 cociover 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 altachment with an address.

SIGNATURE: