SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000025794 (5)**

1. Corporation Name
AMSTERDAM ENTERPRISES, INC.

Principal Place of Business	Mailing Address
343 ALMERIA AVE. CORAL GABLES FL 33134	P.O. BOX 144479 CORAL GABLES FL 33114-4479

3. Date Incorporated or Qualified: 03/31/1995
3a. Date of Last Report: ?

2. Principal Place of Business
21: 139 N County Rd.
22 Suite, Apt. #, etc.: 23
23 City & State: Palm Beach Fl.
24 Zip: 33480. 25 Country: USA

2a. Mailing Address
26: ~~SAME~~ 139 N County Rd
27 Suite, Apt. #, etc: 23
28 City & State: Palm Beach Fl.
29 Zip: 33480 30 Country: USA

4. FEI Number: 65-0639069 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: X — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: MARIANNE ROGERS
82 Street Address (P.O. Box Number is Not Acceptable): 139 N County Rd
83: Suite 23
84 City: Palm Beach FL 85 Zip Code: 33480

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: Marianne Rogers 6/10/96.
Signature, typed or printed name of registered agent and title, if applicable (NOTE: The registered agent signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	11 TITLE: President 12 NAME: Marianne Rogers 13 STREET ADDRESS: 139 N. County Rd #23 14 CITY-ST-ZIP: Palm Beach Fl. 33480	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE: 22 NAME: Addie Rogers Pr. V.P. 23 STREET ADDRESS: 286 Bal Bay Dr. 24 CITY-ST-ZIP: Bal Harbour, Fl. 33154	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE: Secy/Treas 32 NAME: Bart Rogers 33 STREET ADDRESS: 332 Broad St. 34 CITY-ST-ZIP: Red Bank, NJ 07701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE: Asst Secy/Treas. 42 NAME: Marianne Rogers 43 STREET ADDRESS: 139 N. County Rd. 44 CITY-ST-ZIP: Palm Beach, Fl. 33480	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE: 52 NAME: 53 STREET ADDRESS: 54 CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE: 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP:	☐ Change ☐ Addition

CR2E034 (3/96)

14. I do hereby 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marianne Rogers MARIANNE ROGERS President 6/10/96 407-844-5827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #