

5-1-97 B- 5968 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # P95000055838 (3)

1. Corporation Name

FLORIDA SETA INVESTMENT, CORP.

Principal Place of Business

233 S. SEMORAN BLVD.
ORLANDO FL 32807

Mailing Address

233 S. SEMORAN BLVD.
ORLANDO FL 32807-3232

2. Principal Place of Business

21 State Apt # etc:

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State Apt #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

07/17/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3439205

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

GRAHAM, KEITH A
233 S. SEMORAN BLVD.
ORLANDO FL 32807

10. Name and Address of New Registered Agent

B1

Name MARTIN VANDEN BERG

B2

Street Address (P.O. Box Number is Not Acceptable)

612 WEST VINE STREET

B3

B4

City KISSIMMEE

FL

Zip Code 34741

11. Pursuant to the provisions of Sections 607.010 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 provisions 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

4/23-97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SMOLDERS-VAN ALPHEN, M.G.R.
STREET ADDRESS PLEIN 20, 2511 CS THE HAGUE
CITY-ST-ZIP THE NETHERLANDS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SMOLDERS-VAN ALPHEN

Date

Daytime Phone #

5-17-97

CR2E034 (9/96)