FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000062958 (0)**

1. Corporation Name
FLYING DUTCHMAN, INC.

Principal Place of Business	Mailing Address
1055 LASTRADA LANE NAPLES FL 33940	1055 LASTRADA LANE NAPLES FL 33940

2. Principal Place of Business	2a. Mailing Address
21 350 5TH AVE. South	26 350 5TH AVE. South
Suite, Apt. #, etc. 22 200	Suite, Apt. #, etc. 27 200
City & State 23 NAPLES FL	City & State 28 NAPLES FL
Zip / Country 24 33940 25 USA	Zip / Country 29 33940 30 USA

3. Date Incorporated or Qualified: 08/15/1995
3a. Date of Last Report:

4. FEI Number: ✓ 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name: LOUIS X. AMATO
82 Street Address (P.O. Box Number is Not Acceptable): 350 5TH AVE SOUTH
83 SUITE 200
84 City: NAPLES FL 85 Zip Code: 33940

11. Pursuant to the provisions of Section(s) 607.0502 and 607.1538, 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: LOUIS X. AMATO DATE: 1/22/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JANSEN, JENS 1055 LASTRADA LANE NAPLES FL 33940 ☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	LOUIS AMATO ☒ Change ☐ Addition PRESIDENT 350 5TH AVE. SOUTH # 200 NAPLES FL 33940
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	SECRETARY ☐ Change ☒ Addition KEITH ANDERSON 3148 ~~54TH LANE S.W.~~ 54th LANE S.W. NAPLES, FL 33999
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	COMMERCIAL RECORDING 03/22/96 01100 001 ***200.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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 added to the report or is otherwise associated with an address.

SIGNATURE: LOUIS X. AMATO 1/22/96 (941) 262 7748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #