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

PROFIT **CORPORATION** ANNUAL REPORT 1997



Sandra B. Mortham

FILED

Jun 19 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

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information indicated on this annual report or supplement am an officer or director of the corporation or the recons appears in Block 12 or Block 13 if changed, or on an an officer.

FLYING DUTCHMAN, INC.

Principal Plac 350 5TH AVE. 200 NAPLES FL 331	SOUTH	Mailing Address 350 5TH AVE. SOUTH 200 NAPLES FL 34102-6503					
					 Date Incorporated or Qualified 08/15/1995 	3a. Date of Last F 03/22/1996	Peport
,	Place of Business	26. Mailing Address			4. FEI Number 65-0	748276 A	pplied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		ANN TEN	CO 75	ot Applicable Additional	
22		27		5. Certificate of Status Desired	1 1 '	equired	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Count	у	8. This corporation has liability for		
24	25 29 30		30		Florida Statutes Yes No		
4114	9. Name and Address of Currer	nt Registered Agent	8	10. Name and Address of New Registered Agent 81 Name			
	NTO, LOUIS X 5TH AVE. SOUTH						
	TE 200		8:	2 Street Add	ress (P.O. Box Number is Not Accept	table)	
	LES FL 33940		8:	3	, <u>, , , , , , , , , , , , , , , , , , </u>		
			84	4 City		85 Zip	Code
11. Pur vant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statute	is, the abo	ve-named con	poration submits this statement for the	FL of changing i	ts registered
11. Pur Pant 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 offic 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 two if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.		D DIRECTORS	13.	30	ADDITIONS/CHANGES TO OF		RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			Change	Addition
NAME	AMATO, LOUIS		1.2 NAME				
STREET ADORESS	350 5TH AVE. SOUTH #200 NAPLES FL 33940			1 ADDRESS			
CITY-ST-ZIP	5	₩ DELETE	1.4 CiTY - 2.1 Title			Change	Addition
NAME	ALIDOOOL LEETI		2.2 NAME	1			
STREET ADDRESS	s 3148 547H LANE 6.W.		23 STREET ADDRESS				
City-St-Zip	NAPLES FL 33909		2.4 CHY	- ST - ZIP			
TITLE ,	· • • • • • • • • • • • • • • • • • • •		3 1 TITLE			☐ Change	☐ Addition
NAME	TED BROUSSEAU	THOUSE	3 2 NAME				
STREET ADDRESS	COLLIER COUNTY COUR	i ilanee	ı	1 ADDRESS			
CITY-ST-ZIP TIFLE	NAPLES FL 33962	DELETE	3.4. CHY 4.1 TITLE			Change	Addition
NAME .		Dittil	4.7 HILE]			
STREET ADDRESS				T ADDRESS	•		
CITY-ST-ZIP	·		4.4 CITY-	ST-7IP			i
TITLE		DELETE	5.1 TITLE		`	Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	1 ADDRESS			
City-St-Zip			5.4 CITY-				<u> </u>
TITLE			6.1 TITLE	1		☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP	by certify that the information supplie	d with this filing does not enable	64 City-	emption state	d in Section 119.07(3)(i), Florida Statu	ites. I further certify that	the
informatic 1 am an o	on indicated on this annual report or solficer or director of the corporation of	supplemental appual report is true the receiver of trust appointment of the receiver of trust appointment of the receiver of trust appointment of the receiver	ue and according to	curate and tha cute this repo	nt my signature shall have the same le ort as required by Chapter 607, Florida	gal effect as if made un a Statutes; and that my	ider oath; that name