


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

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90062 045 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000082428</b>					
1. Corporation Name <b>DUTCHMASTER, INC.</b>					
Principal Place of Business <b>5180 ROYAL PALM BCH. BLVD. ROYAL PALM BCH. FL 33411</b>			Mailing Address <b>5180 ROYAL PALM BCH. BLVD. ROYAL PALM BCH. FL 33411</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/24/1995</b>	
21		26		4. FEI Number <b>65-0620017</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>BURGGRAAF, WILLEM 5180 ROYAL PALM BCH BLVD ROYAL PALM BEACH FL 33411</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code
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 <u>Willem Burggraaf</u> <i>[Signature]</i> DATE <u>4/28/99</u>					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	<b>D</b> <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	<b>BURGGRAAF, WILLEM</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	<b>5180 ROYAL PALM BEACH BLVD</b>	1.2 NAME			
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL</b>	1.3 STREET ADDRESS			
	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP			
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		3.2 NAME			
NAME		3.3 STREET ADDRESS			
STREET ADDRESS		3.4 CITY-ST-ZIP			
CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<input type="checkbox"/> DELETE	4.2 NAME			
TITLE		4.3 STREET ADDRESS			
NAME		4.4 CITY-ST-ZIP			
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP		5.2 NAME			
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS			
TITLE		5.4 CITY-ST-ZIP			
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		6.2 NAME			
CITY-ST-ZIP		6.3 STREET ADDRESS			
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

036794