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

Mailma Address

1846 OCEAN VILLAGE DRIVE

AMELIA ISLAND FL 32034-5744

PROFIT
CORPORATION
ANNUAL REPORT

1997

Principal Place of Basiness

1846 OCEAN VILLAGE DRIVE

AMELIA ISLAND FL 32034

CHY-51-7P

SIGNATURE:

appears in Block 12 or Block 13 of changed, or on an attachment with an address.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000087879 (9)

LAURENS MANSVELD USA, INCORPORATED

02/20/1996 11/16/1995 4. FEI Number Applied For 2. Prinopal Place of Business 2a. Mailing Address 59-3347494 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Country Zio Z_{1D} X Yes \ \ \ No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WOOD, MARSHALL E 303 CENTRE STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 200 FERNANDINA BEACH FL 32034 83 84 Zip Code City 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Soundary, type and professional of nighth eed agent and filled appropable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. OFFICERS AND DIRECTORS 13. DELETE Addition Change 1.1 TITLE Title F MANSVELD, LAURENS CR2E034 1.2 NAME DAME 1846 OCEAN VILLAGE DR 1.3 STREET ADDRESS SIRRET ADDRESS AMELIA ISLAND FL 32241 1.4 CITY-ST-ZIP CHY-S1-28 Change Addition DELETE 2.1 TITLE 7111.5 2.2 NAME MAVe 2.3 STREET ADDRESS SHEET ADDRESS 2 4 CITY-ST-EIP CHY-SI Change Addition DELETE 3.1 TITLE 30'14 3.2 NAME NAME 3.3 STREET ADDRESS STREET ACCORDED 3.4. CITY - ST - ZIP CHT-ST Change Addition DELETE 4.1 TITLE 31.14 4.2 NAME NAME 4.3 STREET ADDRESS SDE-ELASTIBLES 4.4 CITY - ST - ZIP CHTY ST-ZIE Addition Change DELETE 511ITLE HILE 5.2 NAME SAME **53 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP CHY- \$1-71 DELETE Change Addition 6 1 TITLE IIII6.2 NAME NAME 6.3 STREET ADDRESS STREET A TOREST

6.4 CITY-ST-2IP

14. I do hereby cert by 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 ham an officer or director of the corporation or the receiver or trustee powered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED
Mar 05 1997 8:00am
Secretary of State

2/26/97 904-321-0842

3a. Date of Last Report



3. Date Incorporated or Qualified