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

APPROVED AND FILED

96 MAY 1 AM 6:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000087965

1. Corporation Name
Deet Jonker & Associates, Inc.

Principal Place of Business / Mailing Address
5569 Cape Leyte Drive
Sarasota, FL 34242

2. Principal Place of Business	2a. Mailing Address
21	26
Suite Apt # etc 22	Suite Apt # etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 11/16/95
3a. Date of Last Report: N/A - Initial
4. FEI Number: 65-0624023 — 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent
Lyons & Beaudry P.A.
1605 Main Street
Suite 1111
Sarasota, FL 34236

10. Name and Address of New Registered Agent
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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director / V.P.	[ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	Nina Jonker		1.2 NAME	
STREET ADDRESS	5569 Cape Leyte Drive		1.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34242		1.4 CITY-ST-ZIP	
TITLE	Director / President	[ ] DELETE	2.1 TITLE	
NAME	Joachim D. Jonker		2.2 NAME	
STREET ADDRESS	5569 Cape Leyte Drive		2.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34242		2.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
CITY-ST-ZIP			3.3 STREET ADDRESS	
TITLE			3.4 CITY-ST-ZIP	
NAME		[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
STREET ADDRESS			4.2 NAME	
CITY-ST-ZIP			4.3 STREET ADDRESS	
TITLE			4.4 CITY-ST-ZIP	
NAME		[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
STREET ADDRESS			5.2 NAME	
CITY-ST-ZIP			5.3 STREET ADDRESS	
TITLE			5.4 CITY-ST-ZIP	
NAME		[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
STREET ADDRESS			6.2 NAME	
CITY-ST-ZIP			6.3 STREET ADDRESS	
			6.4 CITY-ST-ZIP	

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DP 6/26

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)(k), 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: Nina Jonker NINA JONKER 4/18/96 941-346-2313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #