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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700049291

1. Corporation Name

DUTCH AMERICAN TOUCH, INC.

## Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90079 036 \*\*\*150.00



Principal Place of Business Mailing Address							T (MOTION 178 MILL FRITT BRITT
13020 STARBOARD CT.			13020 STARBOARD CT.				
HUDSON FL 34667			HUDSON FL 34667				DO NOT MOJE IN THE COACE
							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
							06/04/1997
2 Dringing D	lace of Business	22	Mailing Address				4. FEI Number Applied For
	lace of Dusiliess	26	Maining Addices				<b>59-3449672</b> Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional
22							5. Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23							Trust Fund Contribution Added to Fees
Zip				Country			8. This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Curren	t Regis	tered Agent		~4	I	10. Name and Address of New Registered Agent
OTT	O CEDADDUC D				81	Name	18
	o, gerardus p <del>19 ridgeline trail</del>				82		et Address (P.O. Box Number is Not Acceptable)
	SON-FL 34667				83	130	1020 STARBOARD CT.
1100	OON TE GAOO!			ĺ	83		•
				<u> </u>	84	City	H <sub>1</sub> (Λ S Δ Λ ) FL 85 Zip Code 34667
			**			14	
office or r	enistered agent or both in the State :	of Floric	la. Such change was au	thorized	bv	the corpo	ed corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga-	tions of,	Section 607.0505, Flori	da Statu	tes		1/10/00
SIGNATURE	Me						pre required when reinstating)  DATE  DATE
	Signature, typed or purified name of registered ager OFFICERS AN			13.	Ager	it signature n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0 1102.03 24	O DIIKE	DELETE	1.1 TITI	LE		Change ☐ Addition
NAME	OTTO, GERARDUS P		_	1.2 NA		1	
STREET ADDRESS	17039 RIDGELINE TRAIL					TADDRESS	SS 13020 STARBOARD CT.
CITY-ST-ZIP	HUDSON FL 34667			1.4 CIT			
TITLE	110000111201001		☐ DELETE	2.1 TIT	_		☐ Change ☐ Addition
NAME				2.2 NAI	ME		
STREET ADDRESS				2.3 STF	REET	TADDRESS	SS
CITY-ST-ZIP				2.4 CD	TY-S	ST-ZIP	
TITLE			☐ DELETE	3.1 T(T)	LE		Change Addition
NAME .				3.2 NA	ME		
STREET ADDRESS				3.3 ST	REE	TADDRESS	ss
CITY-ST-ZIP				3.4. CD	TY-S	ST-ZIP	·
TITLE			☐ DELETE	4.1 T(T)	LE		☐ Change ☐ Addition
NAME				4. 2 NA	ME	:	
STREET ADDRESS				4.3 ST	REE	T ADDRESS	ss
CITY-ST-ZIP				4.4 CIT	Y-\$	T-ZIP	
TITLE			☐ DELETE	5.1 TIT			☐ Change ☐ Addition
NAME				5.2 NA		:	
STREET ADDRESS						TADDRESS	SS
CITY-ST-ZIP			<del></del>	5.4 CIT		T-ZIP	
TITLE	1		☐ DELETE	6.1 TIT			Change Addition
NAME				6.2 NA			
STREET ADDRESS	]			6.3 ST	ree	T ADDRESS	.SS [

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR