## 5-11-98 31,972 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

P97000070781 (4)

**PROFIT CORPORATION ANNUAL REPORT** 

1998

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## FILED May 11 1998 8:00am Secretary of State

HUMMELO USA, INC.		
Principal Place of Business	Mailing Address	F INDIADSH IND WANTE HORIT ORDIN ORDIN ORDIN ORDIN ORBIN ORDIN ORBIN ORDIN AND STORE STORE STORE STORE STORE S
4630 S KIRKMAN RD. SUITE 306	4630 S KIRKMAN RD. SUITE 306	

	OUPHIND IT SEST		DO NOT WRITE IN THIS SPACE				
·						3. Date Incorporated or Qualified	
						08/07/1997	
2. Principal Place of	Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				59-346101Q Not Applicat	ole
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
City & State		27	_ <del></del>			Fee Required	
		City & State				6. Election Campaign Financing \$5.00 May Be	
Zip	Country	<b>28</b>	Col	untry		Trust Fund Contribution Added to Fees	$\dashv$
24	25	29	30	лигу	•	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	ı
	lame and Address of Current		30]	1		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
				81	Name	To. Hame Bill Have be of their Hogistore Agent	-
	MARKVOORT, MARGARETHA A 4630 S KIRKMAN RD, SUITE 306						
ORLANDO FL 32811				82	Street Addri	ress (P.O. Box Number is Not Acceptable)	
Olibald	016 05011			83			$\dashv$
] ¥							
l v				84	City	FL 85 Zip Code	
11. Pursuant to the p	rovisions of Sections 607.0502	and 607.1508, Florida Statut	es, the a	bove	e-namod corp		-d
office or registere	ed agent, or both, in the State of iar with, and accept the obligati	f Horida, Such change was a lous of Section 607 0505. File	authorize orida Sta	d by	the corporati	poration submits this statement for the purpose of changing its registers tion's board of directors. I hereby accept the appointment as registered	î"
1 -	an and a se assoft the confiden	017 0000, 170,00001 0077,00001 118	onda Ola	luica	,		
SIGNATURE Signature	. Typed or printed name of registered apent	and little if applicable (NOT	f Registore	d Age	ent signature require	red when reinstating) DATE	-  _
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	-   b
TITLE PV:	• •	☐ DELETE	1.1 1	TLE		Change Additi	on [€
	RKVOORT, MARGARETHA		1.2 N	AME			3
	30 S KIRKMAN RD, SUITE 3	906	1.3 51	IREET	ADDRESS		
	LANDO FL 32811		1.4 CI	11Y-S	T-ZIP		8
TITLE D		☐ DELETE	2.1 TI	TLF	İ	Change Additi	on C
	RKVOORT, MARGARETHA		2.2 N/	AME			
	80 S KIRKMAN RD, SUITE 3	06	2351	TREET	ADDRESS		
****	LANDO FL 32811		2.40	ITY-S	ST-ZIP		╝
TITLE		☐ DELETE	3.1 1	TLF		Change Addition	on
NAME			3.2 N/	AME			.
STREET ADDRESS			3.3 S1	IREET.	ADDRESS		
CITY-ST-ZIP			3.4 C		T-ZIP		
TITLE		☐ DEL <b>E</b> E	4.1 TO			Change Additi	on [
NAME		, •	4. 2 N		ļ		ļ
STREET-ADORESS					ADDRESS		
CITY-ST-ZIP		T STIETE	4.4 CI		T - 71P		
TITLE		☐ DELETE	5.1 11			Change L Addition	OR
NAME OTDEET ADDRESS			5 2 NA				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 00		1 - 7IP		_
	( )	t' netter	6.1 711			Change Addition	on
NAME STORES ADDRESS	\ \		6.2 NA				
STREET ADDRESS	`				ADDRESS		
CITY-ST-ZIP			6.4 CI	IY-\$1	I - 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 of supplied to the corporation of th