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

FILED Apr 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # P97000106743 (2) FKP-U.S., INC. Principal Place of Business Mailing Address PO BOX 1370 PO BOX 1370 DELRAY FL 33447 DELRAY FL 33447 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/19/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 ZiD Zφ Country Country This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BEKKERS, PETER 514 NW 13TH STREET Street Address (P.O. Box Number is Not Acceptable) **DELRAY FL 33444** 83 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ■ DELETE Change ___ Addition TITLE 1.1 TITLE BEKKERS, PETER NAME 1.2 NAME PO BOX 1370 N/A STREET ADDRESS 1.3 STREET ADDRESS **DELRAY FL 33447** CITY - ST-ZIP 1.4 CITY-ST-ZIF DELETE Addition TITLE 21 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY+ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 eath; 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.

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Change

Addition

CR2E034