## 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 # P98000053187

1. Corporation Name

THE OLDENKAMP CORP.

Principal Place of Business Mailing Address				· · · · · · · · · · · · · · · · · · ·	# 10011001 110 10101 10111 00111 00111 00111 00111		
11780 US HWY ONE. STE 300 NORTH PALM BEACH FL 33408  11780 US HWY ONE. STE 30 NORTH PALM BEACH FL 33408  NORTH PALM BEACH FL 33408							
NORTH FALM BEACH IL 55400 NOTHE 1 ALM BEACHTE 354			100	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
	•				06/09/1998		
2. Principal Place of Business 2a. Mailing Address		1 <del>11</del>		4. FEI Number	Ap	olied For	
21 26				65-0850538	No	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8,75 A Fee Re	
City & State		- City & State		6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution	Added to	
Zip			Countr	Country 8. This corporation owes the current year Intangible			
24	25		30	•	Personal Property Tax.		□No
24]	9. Name and Address of Current				10. Name and Address of New Registered	Agent	
-		<u> </u>	81	Name			!
FHS CORPORATE SERVICES, INC.				Ctrock Ac	dress (P.O. Box Number is Not Acceptable)	<del></del> ,	<del></del>
11780 US HWY ONE, STE 300			82	2 Street Ad	diress (P.O. Box Number is Not Acceptable)		
NORTH PALM BEACH FL 33408			83	3			
'			L.,				
				4 City	Fl	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the above	ve-named co	orporation submits this statement for the purpose o ation's board of directors. I hereby accept the appo	f changing its	registered
office or r	egistered agent, or both, in the State or Im familiar with, and accept the obligat	of Florida. Such change was auditions of, Section 607.0505, Florid	da Statute	y ine corpora s.	ation's board of directors. Thereby accept the appe	AITHIOIR 43 TO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURÉ					•		
BIONATORE	Signature, typed or printed name of registered agen			ent signature requ	uired when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P: 01.1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	☐ DELETE	1.1 TITLE			Change	Addition
NAME			1.2 NAME		•		
STREET ADDRESS	NECT ADDITION			ET ADORESS	·		. {
CITY-ST-ZIP	- Zir		1.4 CITY-	ST-ZIP			
TITLE VP. DELETE 21TT Richard P. Norton			2,1 TITLE			☐ Change	☐ Addition
NAME	1 22			:	•		
STREET ADDRESS	TADORESS Name to Date Property To 23409			ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	-ST-ZIP			
			3.1 TITLE:	* ~~ .		☐ Change	Addition
11780 U.S. Highway One, Suite 300			3.2 NAME	:	<u>.</u>		ì
		3.3 STREE	ET ADDRESS	•			
CITY-ST-ZIP	WOITH Palli Beach, FL 33400		3.4. CITY-	ST-ZIP			
TITLE	S	☐ DELETE	4,1 TITLE			☐ Change	☐ Addition
NAME	Suzanne Elder		4. 2 NAME	E			
	TREET ADDRESS 11780 U.S. Highway One, Suite 300		4.3 STRE	ET ADDRESS	•		
CITY-ST-ZIP	North Palm Beach,	FL 33408	4.4 CITY-				}
TITLE	T	☐ DELETE	5.1 TITLE			Change	☐ Addition
	<sup>†</sup> Pamela J. Rhode	<del>-</del> -	COMME	.	1		İ

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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Phyllis R. Oldenkamp, President

☐ DELETE

11780 U.S. Highway One, Suite 300

North Palm Beach, FL 33408

561-627-8100

Daytime Phone #

Change

☐ Addition

**FILED** Mar 22, 1999 8:00 am

**Secretary of State** 

03-22-1999 90094 029 \*\*\*150.00