

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90080 042 ***150.00

DOCUMENT # P98000075249

1. Corporation Name

~~VAN DER VALK FLORIDA PALMS STEAKHOUSE, INC.~~
VAN DER VALK INVERNESS, INC.



Principal Place of Business

316 N. BERMUDA AVE., STE. 11
KISSIMMEE FL 34741

Mailing Address

316 N. BERMUDA AVE., STE. 11
KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1998

4. FEI Number

65-0905715

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 200 E. ROBINSON STREET

Suite, Apt. #, etc.

27 Suite 500

City & State

28 ORLANDO, FL

Zip

32801

Country

30 USA

9. Name and Address of Current Registered Agent

TORRES, SHARON
316 N. BERMUDA AVE., STE. 11
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name

FLORIDA CORPORATE SUPPORT, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

200 E. ROBINSON STREET, Suite 500

83

84 City

ORLANDO

FL

85 Zip Code

32801

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

Florida Corporate Support, Inc.
by E. Torres

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MATSER, CHRISTIAAN G
STREET ADDRESS FONTEINLAAN 1, 2012 JG HAARLEM
CITY-ST-ZIP THE NETHERLANDS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/S ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 316 N. BERMUDA AVE, Ste 11
1.4 CITY-ST-ZIP KISSIMMEE, FL 34741

2.1 TITLE D/V/P ☐ Change ☒ Addition

2.2 NAME GROENENDIJK, Peter
2.3 STREET ADDRESS 316 N. BERMUDA AVE, Ste 11
2.4 CITY-ST-ZIP KISSIMMEE, FL 34741

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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.

SIGNATURE:

Christiaan G. Matsers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christiaan Matsers 2/25/99
Date

407-846-0000
Daytime Phone #

0504548

CR2E034 (11/98)