

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 043 ***150.00

DOCUMENT # P98000075264

1. Corporation Name
VAN DER VALK, SJRR, 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

08/25/1998

4. FEI Number

65-0905711

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

2a. Mailing Address

26 200 E. ROBINSON ST

Suite, Apt. #, etc.

27 Suite 500

City & State

28 ORLANDO, FL

Zip

29 32801

Country

30 USA

24

25

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

By: Florida Corporate Support, Inc ASST. SECRETARY

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

8/17/99

12. OFFICERS AND DIRECTORS

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

TITLE D ☐ DELETE
NAME BERGMANN, ROLF
STREET ADDRESS 358 BRANDTLEY CLUB PL
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D/VP ☐ Change ☒ Addition
3.2 NAME GROENENDIJK, PETER
3.3 STREET ADDRESS 316 N. BERMUDA AVE, Ste 11
3.4 CITY-ST-ZIP KISSIMMEE, FL 34741

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. MATSER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99
Date

907-846-0088
Daytime Phone #

CR2E034 (1/98)

0504549