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Mar 09, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S08856**

1. Corporation Name

AMERICA	AN MUSEUM OF VOLKSW	/AGENS, INC.							
Principal Place	e of Business	Mailing Address				4 100 (1019 tst 0050) inini smini	8 131 0 0 131 4 1914 1		
4110 WESTROA	ADS DR.	4110 WESTROADS DR.				}			
WEST PALM BCH FL 33407 WEST PALM BCH FL 33407		-12 0 2	1202		DO NOT W	NET IN THE	PDACE		
US US						DO NOT Will 3. Date Incorporated or Qualife		SPACE	
						10/24/1990	u		
2 Principal D	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
─ 1 '	lace of business	26				65-0235212		<u> </u>	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.75 A	Additional
22	., 5.5.	27				5. Certificate of Status Desired		Fee Re	quired
City & State	ie	City & State				6, Election Campaign Financing	, L	\$5.00	May Be
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Count	try		8. This corporation owes the cu	irrent year In		
24	25	29	30			Personal Property Tax.		□Yes	No.
	9. Name and Address of Curre	ent Registered Agent		54 N-		10. Name and Address of New	Registered	Agent	
IEAR	NNETTE, KEVIN		•	81 Na	me				
	WESTROADS DRIVE		1	B2 Str	eet Addre	ss (P.O. Box Number is Not Acce	otable)		
	T PALM BEACH FL 33407		1	83					
			1	B4 Cit	v			85 Zip (Code
					='		<u>rı</u>	-	
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat im familiar with, and accept the oblig	502 and 607,1508, Florida Statute te of Florida. Such change was au gations of Section 607,0505. Flor	es, the about thorized to rida Statut	by the c	ned corpo corporation	ration submits this statement for tr n's board of directors. I hereby acc	ept the appo	intment as re	gistered
agent, i a	in landing that, and dooopt the oping	ganons 01, Oction 001.0000, 1 101	ilaa Olalai	.65.			-		
agent, rai					ture required	when reinstating)	DATE	.	
_	Signature, typed or printed name of registered at				ture required	when reinstating) ADDITIONS/CHANGES TO C		ND DIRECTO	
SIGNATURE	Signature, typed or printed name of registered at	gent and title if applicable. (NOTE:	Registered A	igent signa	ture required			ND DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered at OFFICERS A	gent and title if applicable. (NOTE:	Registered A	igent signa	ture required				
SIGNATURE 12. TITLE	Signature, typed or printed name of registered at OFFICERS A D HENDRIKSON, ROBERT	gent and title if applicable. (NOTE:	13. 1.1 TITL 1.2 NAW	igent signa					
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered at OFFICERS A D HENDRIKSON, ROBERT	gent and title if applicable. (NOTE:	13. 1.1 TITL 1.2 NAW 1.3 STR	gent signa E				☐ Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered at OFFICERS A D HENDRIKSON, ROBERT 60 WESTWOOD AVE.	gent and title if applicable. (NOTE:	13. 1.1 TITL 1.2 NAW 1.3 STR	gent signa E ME EET ADDR					
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered at OFFICERS A D HENDRIKSON, ROBERT 60 WESTWOOD AVE. WATERBURY CT D JEANNETTE, KEVIN	gent and title if applicable. (NOTE: AND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY	egent signa E ME EET ADDR				☐ Change	☐ Addition
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14. I hereby 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 eport 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 of rustice 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 attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR