

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S19263 (0)
1. Corporation Name
VANDERHELM INTERNATIONAL, INC.

Principal Place of Business
4811 BEACH BLVD
S402
JACKSONVILLE FL 32207

Mailing Address
4811 BEACH BLVD
S402
JACKSONVILLE FL 32207

FILED
Aug 26 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 6480 US 1 NORTH
Suite, Apt. #, etc.
22 City & State
ST. AUGUSTINE, FL
Zip Country
32095 ST. JOHNS
23 Mailing Address
26 6480 US 1 NORTH
Suite, Apt. #, etc.
27 City & State
ST. AUGUSTINE, FL
Zip Country
32095 ST. JOHNS

3. Date Incorporated or Qualified
12/18/1990
4. FEI Number
59-3040215
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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
LANE, LISA ANNE
4811 BEACH BLVD
S402
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81 Name
HOWARD A. CAPLAN
82 Street Address (P.O. Box Number is Not Acceptable)
3900 ATLANTIC BLVD
83
84 City
JACKSONVILLE FL
85 Zip Code
32207

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 obligation 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)

DATE

8/18/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	OREZEE, JAN	1.2 NAME	
STREET ADDRESS	DEBUSSY STRAAT 2	1.3 STREET ADDRESS	
CITY-ST-ZIP	3161 WD RHOON HO	1.4 CITY-ST-ZIP	
TITLE	VDS	2.1 TITLE	VICE - PRESIDENT
NAME	LANE, LISA A.	2.2 NAME	HOWARD A. CAPLAN
STREET ADDRESS	1645 HAWKCREST DR	2.3 STREET ADDRESS	3900 ATLANTIC BLVD
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 recorder 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.

SIGNATURE: *[Signature]* VP

7/30/98 904/346-1670

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