

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 APR 18 PM 4:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V24458

(4)

1. Corporation Name:

VANBAAK CARIDA INC.

Principal Place of Business

Mailing Address

**1500 CORDOVA RD.
SUITE 310
FT. LAUDERDALE FL 33316
US**

**1500 CORDOVA RD.
SUITE 310
FT. LAUDERDALE FL 33316
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0328719

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHAUM, MARK A
2300 CORPORATE BLVD NW
SUITE 137
BOCA RATON FL 33431**

81. Name

DIANA M.R. CARIDA

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

1500 CORDOVA ROAD SUITE 310

83.

84. City

FT. LAUD.

FL

85. Zip Code
33316

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

Diana M.R. Carida (DIANA M.R. CARIDA, V.P.)

4 APR 95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	VANBAAK, D GERALD
STREET ADDRESS	6301 N OCEAN BLVD
CITY, ST, ZIP	OCEAN RIDGE FL
TITLE	D
NAME	CARIDA, DIANA
STREET ADDRESS	6301 N OCEAN BLVD
CITY, ST, ZIP	OCEAN RIDGE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, PRES, PRES	☒ Change ☐ Addition
1.2 NAME	VAN BAAK, GERALD	
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE	D, V. PRES, SEC	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(5)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 189, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Diana M.R. Carida
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DIANA M.R. CARIDA

4 APR 95

305-764-7818