## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

HOLLAND STEM CORPORATION

**FILED** Apr 08 1998 8:00am Secretary of State

					<del> </del>	41411 FIBIL BUBUL BILL	<b>                                  </b>		
Principal Place of Business Mailing Address									
2404 NE 9TH STREET FT LAUDERDALE FL 33304		PO BO 5684 FT LAUDERDALE FL 33310 US				DO NOT WRITE IN THIS SPACE			
		03	US			3. Date Incorporated or Qualified			
						09/25/1992			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	I Ar	oplied For	
21		26				65-0368952	<del></del>	ot Applicable	
Suite, Apt.	W. etc.	Suite, Apt. #, etc.						Additional	
22		27				5. Certificate of Status Desired	Fee R	equired	
City & State	]	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the	current year In	tangible	
24	25	29	30			Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curren	t Registered Agent		L.,		10. Name and Address of New Register	ed Agent		
	LDANER, RICHARD			81	Name				
	SE 12TH STREET		82 Stree			dress (P.O. Box Number is Not Acceptable)			
PO	MPANO BEACH FL 33060								
				83					
				84	City		<b>85</b> Zip	Code	
dd Dissessant	107 OLO	O and COT 1500 Finding Plat	the the s		s comed or			te registered	
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 Signature, based or printed name of registered agent and take if applicable (NOTE Registered Agent signature required when reinstating)  DATE									
12.	Signature, typed or printed name of registered ago OFFICERS AN		13.	o Age	nt signature re	ADDITIONS/CHANGES TO OFFICERS		3S IN 12	
TITLE	ST	DELETE				ADDITIONAL TO CITION OF THE PROPERTY OF THE PR	Change	Addition	
NAME	SCHUETZ, ANNE			1.1 TITLE 1.2 NAME			•	_	
STREET ADDRESS	2404 NE 9TH STREET				ADDRESS				
CITY-ST-ZIP	PT LAUDEDDALE EL			1.4 CITY-ST-ZIP					
TITLE	Р	DELETE		2.1 TITLE			Change	☐ Addition	
NAME	MALDANER, RICHARD	2.3		2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	210 S.E. 12TH STREET								
CITY-ST-ZIP	POMPANO BEACH FL			2.4 CITY-ST-ZIP				j	
TITLE		DELETE					Change	☐ Addition	
NAME			3.21						
STREET ADDRESS				3.3 STREET ADDRESS					
CITY-ST-ZIP				3.4. CITY-ST-ZIP					
TITLE				ITLE			Change	Addition	
NAME			4.21	NAME				ļ	
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP			4.40	4.4 CITY-ST-ZIP					
TITLE		DELETE	5.1 T	ITLE			☐ Change	Addition Addition	
NAME			5.2 N	IAME	]				
STREET ADDRESS			5.3 \$	TREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY-ST-ZIP					
TITLE				S 1 TITLE			Change	Addition	
NAME			6.2 N	IAME					
STREET ADDRESS			6.3 S	TREET	ADDRESS				
CFTY - ST - ZIP			6.40	HY-S	T-ZIP				

14. Thereby 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 suppliemental 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 regiver 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 or the archivent with an address.

SIGNATURE: