

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P07790 (9)

1. Corporation Name
"PALM B" BEHEER B.V.

FILED
 1995 JUL 19 AM 10:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: **MAURITSKADE 5, 2514 HC DEN HAAG, THE NETHERLANDS**
 Mailing Address: **166 LOOKOUT PLACE, SUITE 100, MAITLAND FL 32751**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/18/1985		3a. Date of Last Report 03/07/1994	
4. FEI Number 90-0073087		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent LEERDAM, A.C., 166 LOOKOUT PLACE, SUITE 100, MAITLAND FL 32751				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				B5 Zip Code FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESSEM, HERMAN	1.2 NAME	
STREET ADDRESS	MAURITSKADE 5	1.3 STREET ADDRESS	
CITY - ST - ZIP	2514 HC, THE NETHERLANDS	1.4 CITY - ST - ZIP	
TITLE	I	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZELEGER, HENK	2.2 NAME	
STREET ADDRESS	RUBENSSTRAAT 165	2.3 STREET ADDRESS	
CITY - ST - ZIP	6717 VE EDE, THE NETHERLANDS	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZELEGER, HENDRIK	3.2 NAME	
STREET ADDRESS	RUBENSSTRAAT 165	3.3 STREET ADDRESS	
CITY - ST - ZIP	6717 VE EDE, THE NETHERLANDS	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an individual with an address.

SIGNATURE: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)