

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

012977

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 SEP -3 AM 10:07

DOCUMENT # P07790

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

Principal Place of Business
 MAURITSKADE 5
 2514 HC DEN HAAG
 THE NETHERLANDS

Mailing Address
 186 LOOKOUT PLACE, SUITE 100
 OEN HA 2514 -C
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 10/18/1985

2. Principal Place of Business

2a. Mailing Address
 175 LOOKOUT PLACE

4. FEI Number
 90-0073087

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.
 SUITE 201

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State
 MAITLAND, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

28 Zip
 32751

8. This corporation owes the current year Intangible Personal Property. Yes No

24 Country

29 Country
 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEERDAM, A.C.
 175 LOOKOUT PLACE
 STE 201
 MAITLAND FL 32751

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

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 <input type="checkbox"/> DELETE	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	T <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	3.1 TITLE	
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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

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 -09/03/99-01042-001
 150.00

Handwritten signature/initials

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 register 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 an attachment with an address.

SIGNATURE: _____ DATE: 8/31/99 DAYTIME PHONE #: 407-645-5244

CR2E034 (5/99)