

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000003894 (3)

1. Corporation Name

BLOOMINGTON TRADING COMPANY, INC.



Principal Place of Business

1000 SAVAGE COURT
SUITE 102
LONGWOOD FL 32750
US

Mailing Address

1000 SAVAGE COURT
SUITE 102
LONGWOOD FL 32750
US

3. Date Incorporated or Qualified
08/26/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 1140, DOT DRIVE

Suite, Apt. #, etc.

22 City & State
23 ALTAMONTE SPRINGS FL

24 Zip
32714

25 Country
U.S.A.

2a. Mailing Address

26 1140, DOT DRIVE

Suite, Apt. #, etc.

27 City & State
28 ALTAMONTE SPRINGS FL

29 Zip
32714

30 Country
U.S.A.

4. FEI Number
11-3093065

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

9. Name and Address of Current Registered Agent

KHAN, MOZAFFER A
409 MONTGOMERY RD
#145
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name
KHAN, MOZAFFER ALI

82 Street Address (P.O. Box Number is Not Acceptable)
1140, DOT DRIVE

83

84 City
ALTAMONTE SPRINGS FL

85 Zip Code
32714

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

M. A. Khan
Signature, typed or printed name of registered agent required when reinstating

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-1996

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KHAN, MOZAFFER A
1000 SAVAGE COURT #102
LONGWOOD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
KHAN, MOZAFFER ALI
1140, DOT DRIVE
ALTAMONTE SPRINGS FL 32714

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

M. A. Khan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-1996 407-862-4344

CR2E034 (12/95)