

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 # **F94000004435 (3)**

1. Corporation Name

BELT COLLINS USA LTD., INC.



Principal Place of Business

**823 IRMA AVE
ORLANDO FL 32803**

Mailing Address

**823 IRMA AVE
ORLANDO FL 32803**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BROWN, CHRISTOPHER J
823 IRMA AVENUE
ORLANDO FL 32803**

3. Date Incorporated or Qualified

08/25/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3257639

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

10. Name and Address of New Registered Agent

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:

Signature, typed or printed name of registered agent and then applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	PAPANDREW, THOMAS P	
STREET ADDRESS	355 HALEMAUMAU STREET	
CITY-ST-ZIP	HONOLULU HI 96821	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ACOMB, GLENN A	
STREET ADDRESS	2122 THUNDERBIRD TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	DR P	<input type="checkbox"/> DELETE
NAME	BROWN, CHRISTOPHER	
STREET ADDRESS	1255 MACTAVANDASH DRIVE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	DR	<input type="checkbox"/> DELETE
NAME	AHN, KERRY S	
STREET ADDRESS	1506 ONIPAA STREET	
CITY-ST-ZIP	HONOLULU HI 96819	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brown, Christopher J.	
1.3 STREET ADDRESS	1255 Mactavandash Dr.	
1.4 CITY-ST-ZIP	Oviedo, FL 32765	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vierra, Joseph	
2.3 STREET ADDRESS	433 Akoakoa St.	
2.4 CITY-ST-ZIP	Kailua, HI 96734	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jones, Madeline J.	
3.3 STREET ADDRESS	10233 Neversink Ct.	
3.4 CITY-ST-ZIP	Orlando, FL 32817	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)