

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000004433 (7)**

1. Corporation Name

BOLSWESSANEN U.S.A., INC.



Principal Place of Business

Mailing Address

**1750 TREE BOULEVARD
ST AUGUSTINE FL 32086**

**1750 TREE BOULEVARD
ST AUGUSTINE FL 32086**

3. Date Incorporated or Qualified
09/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

41-1426887

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 the corporation

(NOTE: Registered Agent signature required when not a director)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **ZONDERVAN, ANTON M**
CITY-ST-ZIP **1750 TREE BLVD
ST AUGUSTINE FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

V
KRAMER, NICOLAAS J.M.
1750 TREE BLVD
ST. AUGUSTINE FL

☐ Change ☒ Addition

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BROEKSMAN, HENDRIK C**
CITY-ST-ZIP **1750 TREE BLVD
ST AUGUSTINE FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

V
GARNAAT, GERT
1750 TREE BLVD
ST. AUGUSTINE FL

☐ Change ☒ Addition

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **THORNE, RICHARD A**
CITY-ST-ZIP **1750 TREE BLVD
ST AUGUSTINE FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

V
deBOER, ALOYSIUS M.
1750 TREE BLVD
ST. AUGUSTINE FL

☐ Change ☒ Addition

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **JAN VAN NOORT, TEUNIS**
CITY-ST-ZIP **1750 TREE BLVD
ST AUGUSTINE FL**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

V
KWAK, ARIE
1750 TREE BLVD
ST. AUGUSTINE FL

☐ Change ☒ Addition

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **WALES, GWYNNE H**
CITY-ST-ZIP **1750 TREE BLVD
ST AUGUSTINE FL**

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

V
DOYER, ANTHONY EJ
1750 TREE BLVD
ST. AUGUSTINE FL

☐ Change ☒ Addition

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **COMPTON, CHARLES H**
CITY-ST-ZIP **1750 TREE BLVD
ST AUGUSTINE FL**

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

TDV
COMPTON, CHARLES H.
1750 TREE BLVD
ST. AUGUSTINE FL

☒ 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 617, 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

Charles H. Compton Vice President 6-10-96 (904) 825-2255

Date

Daytime Phone #

CR2E034 (3/96)