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FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F95000004433 (7)**

1. Corporation Name
BOLSWESSANEN U.S.A., INC.

Principal Place of Business
**1750 TREE BOULEVARD
ST AUGUSTINE FL 32086**

Mailing Address
**1750 TREE BOULEVARD
ST AUGUSTINE FL 32086-5174**



2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/13/1995

3a. Date of Last Report

06/14/1996

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

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

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, if applicable, the corporation)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	ZONDERVAN, ANTON M	
STREET ADDRESS	1750 TREE BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROEKSM, HENDRIK C	
STREET ADDRESS	1750 TREE BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	THORNE, RICHARD A	
STREET ADDRESS	1750 TREE BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JAN VAN NOORT, TEUNIS	
STREET ADDRESS	1750 TREE BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WALES, GWYNNE H	
STREET ADDRESS	1750 TREE BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COMPTON, CHARLES H	
STREET ADDRESS	1750 TREE BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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:

CL
SIGNATURE (typed or printed name of signing officer or director)

1-6-97
Date

(904) 825-2255
Daytime Phone #

0017443

CR2E034 (9/96)