

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K43920 (3)

1. Corporation Name

SELLING AGENTS TO THE TRADE, INC.



Principal Place of Business

Mailing Address

~~W. DONN BELOFF~~  
~~8909 GLADES ROAD #19213~~  
~~BOCA RATON FL 33434~~

~~W. DONN BELOFF~~  
~~8909 GLADES ROAD #19213~~  
~~BOCA RATON FL 33434~~

3. Date Incorporated or Qualified  
11/07/1988

3a. Date of Last Report  
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 8650 VIA GIULIA  
Suite, Apt. #, etc.

26 8650 VIA GIULIA  
Suite, Apt. #, etc.

4. FEI Number  
65-0081615

Applied For  
Not Applicable

22 City & State

27 City & State

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

23 BOCA RATON

28 BOCA RATON

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

24 Zip 33496

25 Country PAUM BEACH

29 Zip 33496

30 Country PAUM BEACH

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

ARJE, ERICH W.  
8909 GLADES RD.  
1-9213  
BOCA RATON FL 33432

81 Name ERICH W. ARJE  
82 Street Address (P.O. Box Number is Not Acceptable)  
8650 VIA GIULIA  
83  
84 City BOCA RATON FL 85 Zip Code 33496

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

*Erich W. Arje* ERICH W. ARJE

(NOTE: Registered Agent signature required when reappointing)

1-24-96 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARJE, ERICH W.	
STREET ADDRESS	8909 GLADES ROAD, #19213	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARJE, ESTELLE R.	
STREET ADDRESS	8909 GLADES ROAD, #19213	
CITY- ST- ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 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 in an attachment with an address.

SIGNATURE

*Erich W. Arje* ERICH W. ARJE Director

1-24-96

407.4521111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)