FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L61047** **(1)**

1. Corporation Name
BULTINCK ENTERPRISES, INC.

Principal Place of Business	Mailing Address
9629 CRESCENT LAKE DR ~~#202~~ NAPLES FL 33942 US	9629 CRECENT LAKE DR ~~#202~~ NAPLES FL 33942 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1990
3a. Date of Last Report: 02/16/1994

2. Principal Place of Business
21: 9629 Crescent Lake Dr.
22 Suite, Apt. #, etc.: # 102
23 City & State: Naples, FL 33942
24 Zip / 25 Country:

2a. Mailing Address
26:
27 Suite, Apt. #, etc.: 102
28 City & State:
29 Zip / 30 Country:

4. FEI Number: 59-3007903 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $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

BEYERS, LUC
~~9629 CRESCENT LAKE DR #202~~
LONGWOOD FL 33942

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Numbers Not Acceptable): 9629 Crescent Lake Drive, # 102
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: _____ DATE: Feb 13, 95
Signature, Typed or printed name of registered agent (Part 10 address) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	BULTINCK, URBAIN	12 NAME	
STREET ADDRESS	9629 CRESCENT LAKE DR ~~#202~~	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	14 CITY ST ZIP	Naples, FL 33942 #102
TITLE	DST	21 TITLE	D ☒ Change ☐ Addition
NAME	~~BULTINCK, FILIP~~	22 NAME	
STREET ADDRESS	9629 CRESCENT LAKE DR ~~#202~~	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	24 CITY ST ZIP	Naples, FL 33942 #102
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BAETSLE, ERNA	32 NAME	
STREET ADDRESS	9629 CRESCENT LAKE DR ~~#202~~	33 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	34 CITY ST ZIP	Naples, FL 33942 #102
TITLE	D VP	41 TITLE	☐ Change ☒ Addition
NAME		42 NAME	BULTINCK STEFAAN
STREET ADDRESS		43 STREET ADDRESS	9629 Crescent Lake Drive, #102
CITY ST ZIP		44 CITY ST ZIP	Naples, FL 33942
TITLE		51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	BEYERS, BENEDICTE
STREET ADDRESS		53 STREET ADDRESS	9629 Crescent Lake Drive, #102
CITY ST ZIP		54 CITY ST ZIP	Naples, FL 33942
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), Florida Statutes. I further certify that the information indicated on the 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 asterisk.

SIGNATURE: X _____ 01-17-95 (813) 592 6229
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone #
STEFAAN BULTINCK

0448303 FP