

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 # L61047 (1)

1. Corporation Name

BULTINCK ENTERPRISES, INC.



Principal Place of Business

9629 CRESCENT LAKE DR
#102
NAPLES FL 33942
US

Mailing Address

9629 CRESCENT LAKE DR
#102
NAPLES FL 33942
US

3. Date Incorporated or Qualified
03/29/1990

3a. Date of Last Report
02/27/1995

4. FEI Number

59-3007903

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

2. Principal Place of Business

21 9621 Crescent Lake Dr.

Suite, Apt. #, etc.

22 # 202

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 9621 Crescent Lake Dr.

Suite, Apt. #, etc.

27 # 202

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

BEYERS, LUC
9629 CRESCENT LAKE DR #102
LONGWOOD FL 33942

10. Name and Address of New Registered Agent

81 Name

BULTINCK, Stefaan

82 Street Address (P.O. Box Number is Not Acceptable)

9621 Crescent Lake Dr. # 202

83

NAPLES,

84 City

NAPLES

FL

85 Zip Code

33942

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.

VICE-PRESIDENT

May 3 1996

SIGNATURE

Signature, typed or printed name of registered agent and date of signature

Signature, typed or printed name of registered agent and date of signature

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME BULTINCK, URBAIN
STREET ADDRESS 9629 CRESCENT LAKE DR #102
CITY-ST-ZIP NAPLES FL

TITLE D
NAME BULTINCK, FILIP
STREET ADDRESS 9629 CRESCENT LAKE DR #102
CITY-ST-ZIP NAPLES FL

TITLE D
NAME BAETSLE, ERNA
STREET ADDRESS 9629 CRESCENT LAKE DR #102
CITY-ST-ZIP NAPLES FL

TITLE DVP
NAME BULTINCK, STEFAN
STREET ADDRESS 9629 CRESCENT LAKE DR #102
CITY-ST-ZIP NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~President~~
1.2 NAME
1.3 STREET ADDRESS 9621 Crescent Lake Dr. # 202
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 9621 Crescent Lake Dr. # 202
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 9621 Crescent Lake Dr. # 202
3.4 CITY-ST-ZIP

4.1 TITLE Vice President
4.2 NAME
4.3 STREET ADDRESS 9621 Crescent Lake Dr. # 202
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 900001814389
5.4 CITY-ST-ZIP -05/09/96--01021--021

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS ***200.00
6.4 CITY-ST-ZIP

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 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 a attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. BULTINCK

4/22/96 (94) 592 6229

Daytime Phone #

CR2E034 (12/95)