## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000030044

1. Corporation Name

S & B BELINVESTS, INC.

Principal Place	of Business	Mailing Address			
2400 TARPON R	RD.	P.O BOX 11452			
NAPLES FL 341	02	NAPLES FL 34101			DO NOT WRITE IN THIS SPACE
US		U\$			3. Date Incorporated or Qualifed
					04/12/1995
0 Di I DI	and of Divisions	2a. Mailing Address			4. FEI Number Applied For
2. Principal Place of Business		— ·			65-0595906 Not Applicable
21 Suite Act # etc		Suite, Apt. #, etc.	Suite Ant # etc		\$8.75 Additional
Suite, Apt. #, etc.		27			5. Certificate of Status Desired Fee Required
City & State			City & State		6. Election Campaign Financing \$5.00 May Be
<del></del>		28			Trust Fund Contribution Added to Fees
Zip Country			Zip Country		8. This corporation owes the current year Intangible
24	25	29 30	·		Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Curre			<u> </u>	10. Name and Address of New Registered Agent
· · ·			81	Name	le e
BULT	TINCK, STEFAAN		100		A Address (D.O. Boy Number is Not Accontable)
2400 TARPON RD.			82	Street	et Address (P.O. Box Number is Not Acceptable)
Napl	LES FL 34102		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 Standarie proed or printed name of repistered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating)  DATE					
	Signature, typed or printed name of registered ag		ered Ager 13.	t signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D OFFICERS A		.1 TITLE		PRESIDENT B Change Addition
TITLE	BULTINCK, STEFAAN		.2 NAME		BULTINGA STEFAAN
NAME	2400 TARPON RD			ADDRESS	The second days
STREET ADDRESS	NAPLES FL	1	.4 CITY-S		MARIES FL 34102
CITY-ST-ZIP TITLE	TRAFELS I E		.4 CITT-3	1-2F	S/7 □ Change ► Addition
		_	2 NAME		PIETERS SENEDICTE
NAME				ADORESS	0 - 0 - 000 / 1000
STREET ADDRESS	* ÷ + .	ರ್ಷ ಕರ್ಷಕ ಚಿತ್ರಗಳ ಬಂದಿ :	4 CITY-S		MARIES FL. 34108
CITY-ST-ZIP			3.1 TITLE	1-ZIF	Change Addition
TITLE .		_	3.2 NAME		
NAME				ADORESS	re
STREET ADDRESS					~
CITY-ST-ZIP			I.4. CITY-S	II-ZIP	Change Addition
TITLE		_	. 2 NAME		
NAME		1		* * ******	
STREET ADDRESS				ADDRESS	SS
CITY-ST-ZIP	·		4 CITY-S	1-ZIP	Change Addition
TITLE		. –	5.1 TITLE 5.2 NAME		
NAME				r address	
STREET ADDRESS					90
CITY-ST-ZIP			5.4 CITY-S 5.1 TITLE	1-⊿₽	☐ Change ☐ Addition .
TITLE			3.1 IIILE 3.2 NAME		
	12 6 . 14%			ADDRESS	see !
STREET ANDRESS	1 Set 1 3 3 4 1 1 1 1 2 2	<b>.</b>	いろういべたと	WINKE 22	33

CITY-ST-ZIP 14. I 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 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 an attachment with an address, with at other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

4121199

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90105 045 \*\*\*158.75

941) 2615558