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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000049732	(7)
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1. Corporation Name

BELGIUM TRADING CONSULTING, INC.

Control State		Mulling Address								
Principal Place of 1318 LAFAYET		Mailing Address 1318 LAFAYETTE S	STREET							
CAPE CORAL		CAPE CORAL FL								
						3. Date Incorporated or Qualified 06/22/1995	3a. Date	e of Last Re	port	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number 65-0596592	_L	L	pplied For lot Applicable	
Suite, Apt. #	, etc.	Surte, Apt. #, etc	· · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired			Additional lequired	
City & State		Oity & State				Election Campaign Financing Trust Fund Contribution		•	May Be I to Fees	
Zip I	Gountry 25	Z(ρ)	30	ntr /		8. This corporation has liability for Elorida Statutes Yes	⊠ No		199.032,	
1	9. Name and Address of Curre			· .		10. Name and Address of New R	tegistered	Agent		
				81	Name					
HILL, THOMAS W				82	Street Addr	ress (P.O. Box Number is Not Acceptat.	ss (P.O. Box Number is Not Acceptable)			
1318 LAFAYETTE STREET CAPE CORAL FL 33904		83								
OAL O	517212 00001			_				T1 =		
				84	City		FL	85 Zr.	Code	
SIGNATURE	h, and accept the obligations of, Sec Signal to the large tell fine of organism age	landth fasikare	ihe (III). Besign bersel	ارادا	4 Superbase trapers	etwice resistating ADDITIONS/OHANGES TO OFF	HAII	D. DIGCCIO	DO IN 19	
12.	OFFICERS AN	ND DIRECTORS [] DELETE	13 .			ADDITIONS/CHANGES TO OFF		Change	Addition	
TITLE	HILL, THOMAS W	C) pricit	12 N					onango		
NAME	1318 LAFAYETTE STREET		■		ADDRESS					
STREET ADDRESS	CAPE CORAL FL 33904				H-ZIF					
DITY - ST - ZIP		DELETE			1 - 1			Change	Addition	
NAME		_	2 2 N							
STHEET ADDRESS					ADDRESS					
CITY-ST-ZIP					ST - ZiP					
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NAME			32N	AΜ						
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CITY - ST - ZIP			4 4 C	ITY S	Sr ZiP					
TITLE		☐ DELETE	5 1 1	H1:				☐ Change	Addition	
NAME			52N	ΙΑΜ						

14. I do hereby certify that the information supplied with this firing is voluntarily furnished and diles 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 rue and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the conjugation or the receiver or trusted empowers it to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if chapted, or on an attachment with an adverse.

64 CITY S1-ZP

5 3 STREET ADDRESS

6.3 STRIET ADDRESS

5.4 CHY ST-ZIF

€ 1 TITL

6.2 NAM

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

4.24-96 (941)549-2444

☐ Change ☐ Addition

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