

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

FILED
May 02 1996 8:00 am
Secretary of State

DOCUMENT # **P34579** (3)

1. Corporation Name
SCAND-AMERICA TOURS, INC.



Principal Place of Business: 1100 CLEVELAND ST. SUITE 1615 CLEARWATER FL 34615 US
Mailing Address: 1100 CLEVELAND ST 1615 CLEARWATER FL 34615 US

3. Date Incorporated or Qualified: 06/27/1991
3a. Date of Last Report: 05/01/1995
4. FEI Number: 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: [x] Yes [] No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent
FISKAA, IVAR
2940 WINDWIG OAKS DR
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent (81-85)

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: *[Signature]* DATE: 4/25/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	[] Change [] Addition
NAME	FISKAA, IVAR	1.2 NAME	
STREET ADDRESS	2040 WINDING OAKS DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	[] Change [] Addition
NAME	ODDVAR, MUSTORP	2.2 NAME	
STREET ADDRESS	SKONNEROD	2.3 STREET ADDRESS	
CITY-ST-ZIP	1785 HALDEN NORWAY	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	[x] Change [] Addition
NAME	SANDNES, OLAV	3.2 NAME	
STREET ADDRESS	310 GREENWICH ST. #30B	3.3 STREET ADDRESS	125 ASIA PLACE
CITY-ST-ZIP	NEW YORK NY 10013	3.4 CITY-ST-ZIP	CARLSTADT, NJ 07072
TITLE	DM	4.1 TITLE	[] Change [] Addition
NAME	OSTENSEN, TERJE	4.2 NAME	
STREET ADDRESS	ORNONNINGENS GT 16	4.3 STREET ADDRESS	
CITY-ST-ZIP	4801 KRISTIANSANO NORWAY	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	[] Change [] Addition
NAME	CARTER, PAUL	5.2 NAME	500001806093
STREET ADDRESS	1100 CLEVELAND ST.	5.3 STREET ADDRESS	-05/03/96--01014--014
CITY-ST-ZIP	CLEARWATER FL 34615	5.4 CITY-ST-ZIP	***200.00
TITLE		6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: *[Signature]* / IVAR FISKAA DATE: 4/24/96 TELEPHONE: 813-447-8687

CR2E034 (12/95)