

**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 # P36419 (0)**

1. Corporation Name

**FLORIDAFASTIGHETER AKTIEBOLAG, INC.**



Principal Place of Business

Mailing Address

**1541 PORT ST. LUCIE BLVD.  
SUITE A  
PORT ST. LUCIE FL 34952**

**1541 PORT ST. LUCIE BLVD.  
SUITE A  
PORT ST. LUCIE FL 34952**

<b>3.</b> Date Incorporated or Qualified <b>11/25/1991</b>	<b>3a.</b> Date of Last Report <b>01/31/1995</b>
<b>4.</b> FEI Number <b>98-0112440</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VESTERLUND, STIG  
1541 S.E. PORT ST LUCIE BLVD  
SUITE A  
PORT ST. LUCIE FL 34952**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> Zip Code

11. Pursuant to the provisions of Sections 607.0509 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 607.0509, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director (Print Name)

(Date Registered Agent Signature Expires) (Date)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																								
<table border="1"> <tr> <td>TITLE</td> <td>CPDT</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>VESTERLUND, STIG</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>FLYHAMNSVAGEN 24</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>SWDEN</td> <td></td> </tr> </table>	TITLE	CPDT	<input type="checkbox"/> DELETE	NAME	VESTERLUND, STIG		STREET ADDRESS	FLYHAMNSVAGEN 24		CITY-STATE-ZIP	SWDEN		<table border="1"> <tr> <td>1.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>1.4 CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME			1.3 STREET ADDRESS			1.4 CITY-STATE-ZIP		
TITLE	CPDT	<input type="checkbox"/> DELETE																							
NAME	VESTERLUND, STIG																								
STREET ADDRESS	FLYHAMNSVAGEN 24																								
CITY-STATE-ZIP	SWDEN																								
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
1.2 NAME																									
1.3 STREET ADDRESS																									
1.4 CITY-STATE-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>M</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>MECCA, JACK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2022 SE ALLAMANDA DR</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>PORT ST LUCIE FL</td> <td></td> </tr> </table>	TITLE	M	<input type="checkbox"/> DELETE	NAME	MECCA, JACK		STREET ADDRESS	2022 SE ALLAMANDA DR		CITY-STATE-ZIP	PORT ST LUCIE FL		<table border="1"> <tr> <td>2.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>2.4 CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY-STATE-ZIP		
TITLE	M	<input type="checkbox"/> DELETE																							
NAME	MECCA, JACK																								
STREET ADDRESS	2022 SE ALLAMANDA DR																								
CITY-STATE-ZIP	PORT ST LUCIE FL																								
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
2.2 NAME																									
2.3 STREET ADDRESS																									
2.4 CITY-STATE-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>VSCD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>HJELM, IVAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NEDRE SLOTTSGATAN 6</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>752 20 UPPSALA</td> <td></td> </tr> </table>	TITLE	VSCD	<input type="checkbox"/> DELETE	NAME	HJELM, IVAN		STREET ADDRESS	NEDRE SLOTTSGATAN 6		CITY-STATE-ZIP	752 20 UPPSALA		<table border="1"> <tr> <td>3.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY-STATE-ZIP		
TITLE	VSCD	<input type="checkbox"/> DELETE																							
NAME	HJELM, IVAN																								
STREET ADDRESS	NEDRE SLOTTSGATAN 6																								
CITY-STATE-ZIP	752 20 UPPSALA																								
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
3.2 NAME																									
3.3 STREET ADDRESS																									
3.4 CITY-STATE-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>SELLSTEDT, ANDERS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>BOX 77 N/A</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>760 49 HERRANG</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> DELETE	NAME	SELLSTEDT, ANDERS		STREET ADDRESS	BOX 77 N/A		CITY-STATE-ZIP	760 49 HERRANG		<table border="1"> <tr> <td>4.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> DELETE																							
NAME	SELLSTEDT, ANDERS																								
STREET ADDRESS	BOX 77 N/A																								
CITY-STATE-ZIP	760 49 HERRANG																								
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
4.2 NAME																									
4.3 STREET ADDRESS																									
4.4 CITY-STATE-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>LARSSON, GORAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>BOX 77 N/A</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>760 49 HERRANG</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> DELETE	NAME	LARSSON, GORAN		STREET ADDRESS	BOX 77 N/A		CITY-STATE-ZIP	760 49 HERRANG		<table border="1"> <tr> <td>5.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> DELETE																							
NAME	LARSSON, GORAN																								
STREET ADDRESS	BOX 77 N/A																								
CITY-STATE-ZIP	760 49 HERRANG																								
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
5.2 NAME																									
5.3 STREET ADDRESS																									
5.4 CITY-STATE-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-STATE-ZIP			<table border="1"> <tr> <td>6.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE																							
NAME																									
STREET ADDRESS																									
CITY-STATE-ZIP																									
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
6.2 NAME																									
6.3 STREET ADDRESS																									
6.4 CITY-STATE-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: *Jack Mecca* Managing Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96 (407) 335-4660  
DATE TELEPHONE #

CR2E034 (12/95)