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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90115 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P36419

1. Corporation Name
FLORIDAFASTIGHETER AKTIEBOLAG, INC.

Principal Place of Business 1541 PORT ST. LUCIE BLVD. SUITE A PORT ST. LUCIE FL 34952	Mailing Address 1541 PORT ST. LUCIE BLVD. SUITE A PORT ST. LUCIE FL 34952
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 11/25/1991	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 98-0112440	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

~~WESTERLUND, STIG~~
 1541 S.E. PORT ST LUCIE BLVD
 SUITE A
 PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name **JACK A. MECCA**

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

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 *Jack A. Mecca* DATE **1-18-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CPDT	<input type="checkbox"/> DELETE
NAME	VESTERLUND, STIG	
STREET ADDRESS	FLYHAMNSVAGEN 24	
CITY-ST-ZIP	SWDEN	
TITLE	M	<input type="checkbox"/> DELETE
NAME	MECCA, JACK	
STREET ADDRESS	2022 SE ALLAMANDA DR	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	VSCD	<input type="checkbox"/> DELETE
NAME	HJELM, IVAN	
STREET ADDRESS	NEDRE SLOTTSGATAN 6	
CITY-ST-ZIP	752 20 UPPSALA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SELLSTEDT, ANDERS	
STREET ADDRESS	BOX 77 N/A	
CITY-ST-ZIP	700 40 HERRANG	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LARSSON, GORAN	
STREET ADDRESS	BOX 77 N/A	
CITY-ST-ZIP	700 49 HERRANG	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Täby, Sweden
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VICE PRESIDENT
2.3 STREET ADDRESS	MANAGING DIRECTOR
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	DROTTNINGATAN 85
5.4 CITY-ST-ZIP	11160 Stockholm, Sweden
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 all other like empowered.

SIGNATURE: *Cliff Korten* **CHAIRMAN** DATE: **1-18-99** DAYTIME PHONE #: **1(561) 335-1211**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)