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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22
 23 City & State
 24 Zip 25 Country

2a. Mailing Address
 26 Suite, Apt. #, etc. 27
 28 City & State
 29 Zip 30 Country

3. Date Incorporated or Qualified
11/25/1991

4. FEI Number
98-0112440

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 owes the current year Intangible Personal Property Tax. Yes 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | CPDT <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VESTERLUND, STIG | 1.2 NAME | |
| STREET ADDRESS | FLYHAMNSVAGEN 24 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SWDEN | 1.4 CITY-ST-ZIP | Täby, Sweden |
| TITLE | M <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MECCA, JACK | 2.2 NAME | VICE PRESIDENT |
| STREET ADDRESS | 2022 SE ALLAMANDA DR | 2.3 STREET ADDRESS | MANAGING DIRECTOR |
| CITY-ST-ZIP | PORT ST LUCIE FL | 2.4 CITY-ST-ZIP | |
| TITLE | VSCD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HJELM, IVAN | 3.2 NAME | |
| STREET ADDRESS | NEDRE SLOTTSGATAN 6 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | 752 20 UPPSALA | 3.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SELLSTEDT, ANDERS | 4.2 NAME | |
| STREET ADDRESS | BOX 77 N/A | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | 700 49 HERRANG | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LARSSON, GORAN | 5.2 NAME | |
| STREET ADDRESS | BOX 77 N/A | 5.3 STREET ADDRESS | DROTTNINGATAN 85 |
| CITY-ST-ZIP | 700 49 HERRANG | 5.4 CITY-ST-ZIP | 11160 STOCKHOLM, Sweden |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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* DATE: **1-18-99** DAYTIME PHONE #: **1(561) 335-1211**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)