

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 # **P36422** (4)

1. Corporation Name

BOULEVARD SHOPPES AKTIEBOLAG, INC.



Principal Place of Business

Main Address

1541 PORT ST. LUCIE BOULEVARD
PORT ST. LUCIE FL 34952

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PORT ST. LUCIE FL 34952

| | |
|---|--|
| 3. Date Incorporated or Qualified 11/25/1991 | 3a. Date of Last Report 01/31/1995 |
| 4. FEI Number 98-0112438 | Applied For Not Applicable |
| 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 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 | 29 |
| 25 | 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.
STE. #A
PORT ST. LUCIE FL 34952**

| | |
|---|-------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0902 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0905, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required for all corporations)

Signature of Agent (Signature required when changing)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | CDPT VESTERLUND, STIG FLYHAMNSVAGEN 24 SWEDEN | <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | M MECCA, JACK 2022 SE ALLAMANDA DR PORT ST LUCIE FL | <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | VSCD HJELM, IVAN NEDRA SLOTTSGATAN 6 752 20 UPPSALA | <input type="checkbox"/> DELETE | 2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY, ST, ZIP | D MOLLBRINK, JAN ROD HAKEVAGEN 28 785 52 UPPSALA | <input type="checkbox"/> DELETE | 2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D LARSSON, Goran BOX 77 760 49 HERRANG | <input type="checkbox"/> DELETE | 2.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | <input type="checkbox"/> DELETE | 3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY, ST, ZIP | | <input type="checkbox"/> DELETE | 3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | <input type="checkbox"/> DELETE | 3.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | <input type="checkbox"/> DELETE | 4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY, ST, ZIP | | <input type="checkbox"/> DELETE | 4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | <input type="checkbox"/> DELETE | 4.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | <input type="checkbox"/> DELETE | 5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY, ST, ZIP | | <input type="checkbox"/> DELETE | 5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> DELETE | 6.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 supplement 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 2-7-96 (407) 335-4660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)