

**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 <b>11/25/1991</b>	3a. Date of Last Report <b>01/31/1995</b>
4. FEI Number <b>98-0112438</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 FL	86 Zip Code
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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 registrations)

Signature of Agent (Signature required for this filing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CDPT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VESTERLUND, STIG</b>	1.2 NAME	
STREET ADDRESS	<b>FLYHAMNSVAGEN 24</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>SWEDEN</b>	1.4 CITY, ST, ZIP	
TITLE	<b>M</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MECCA, JACK</b>	2.2 NAME	
STREET ADDRESS	<b>2022 SE ALLAMANDA DR</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>PORT ST LUCIE FL</b>	2.4 CITY, ST, ZIP	
TITLE	<b>VSCD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HJELM, IVAN</b>	3.2 NAME	
STREET ADDRESS	<b>NEDRA SLOTTSGATAN 6</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>752 20 UPPSALA</b>	3.4 CITY, ST, ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOLLBRINK, JAN</b>	4.2 NAME	
STREET ADDRESS	<b>ROD HAKEVAGEN 28</b>	4.3 STREET ADDRESS	
CITY, ST, ZIP	<b>785 52 UPPSALA</b>	4.4 CITY, ST, ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARSSON, Goran</b>	5.2 NAME	
STREET ADDRESS	<b>BOX 77</b>	5.3 STREET ADDRESS	
CITY, ST, ZIP	<b>760 49 HERRANG</b>	5.4 CITY, ST, ZIP	
TITLE		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 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)