

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P36422 (4)
 1. Corporation Name
BOULEVARD SHOPPES AKTIEBOLAG, INC.



Principal Place of Business 1541 PORT ST. LUCIE BOULEVARD PORT ST. LUCIE FL 34952	Mailing Address 1541 PORT ST. LUCIE BOULEVARD PORT ST. LUCIE FL 34952
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/25/1991	3a. Date of Last Report 02/13/1996
21	26	4. FEI Number 98-0112438	Applied For Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23	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. STE. #A PORT ST. LUCIE FL 34952		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	FL

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDPT <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	SWEDEN	1.4 CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MECCA, JACK	2.2 NAME	
STREET ADDRESS	2022 SE ALLAMANDA DR	2.3 STREET ADDRESS	
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	NEDRA SLOTTSGATAN 6	3.3 STREET ADDRESS	
CITY-ST-ZIP	752 20 UPPSALA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLLBRINK, JAN	4.2 NAME	
STREET ADDRESS	ROD HAKEVAGEN 2B	4.3 STREET ADDRESS	
CITY-ST-ZIP	765 52 UPPSALA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSSON, GORAN	5.2 NAME	
STREET ADDRESS	BOX 77	5.3 STREET ADDRESS	
CITY-ST-ZIP	760 49 HERRANG	5.4 CITY-ST-ZIP	
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 do 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

SIGNATURE: *X Jack Mecca* *Managing Director* *2-7-97* (151) 225-4110

CR2E034 (9/96)