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FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1991

4. FEI Number

98-0112438

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

VESTERLUND, STIG
1541 S.E. PORT ST. LUCIE BLVD.
STE. #A
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CDPT
NAME VESTERLUND, STIG
STREET ADDRESS FLYHAMNSVAGEN 24
CITY-ST-ZIP SWEDEN

TITLE M
NAME MECCA, JACK
STREET ADDRESS 2022 SE ALLAMANDA DR
CITY-ST-ZIP PORT ST LUCIE FL

TITLE VSCD
NAME HJELM, IVAN
STREET ADDRESS NEDRA SLOTTSGATAN 6
CITY-ST-ZIP 752 20 UPPSALA

TITLE D
NAME MOLLBRINK, JAN
STREET ADDRESS ROD HAKEVAGEN 2B
CITY-ST-ZIP 765 52 UPPSALA

TITLE D
NAME LARSSON, GORAN
STREET ADDRESS BOX 77
CITY-ST-ZIP 760 49 HERRANG

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE:

Jack Mecca 1-30-98 241 235-4410

CR2E034 (10/97)