

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90115 018 \*\*\*150.00

DOCUMENT # P36422

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  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

~~WESTERLUND, 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

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*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME COPT  
STREET ADDRESS VESTERLUND, STIG  
CITY-ST-ZIP FLYHAMNSVAGEN 24  
SWEDEN

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

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

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

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

TITLE ☐ DELETE  
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

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

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:

*Stig Westerlund* CHAIRMAN  
TREASURER

1/18/99 (561) 335-1211

Date

Daytime Phone #

CR2E034 (11/98)

0512086