

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortimer Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P94000011519 (3)
 1. Corporation Name

THE SWEDISH FURNITURE COMPANY INC.

Principal Place of Business: 1800 SECOND STREET SUITE 880 SARASOTA FL 34236
 Mailing Address: RANSTAD PL. 3396 S-380 74 LOTTORP SWEDEN

3. Date Incorporated or Qualified: 02/03/1994
 3a. Date of Last Report: 11/02/1995
 4. FET Number: APPLIED FOR
 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
 21. Suite, Apt #, etc.
 22. City & State
 23. Zip Country
 24. Zip Country
 25. Zip Country
 26. Mailing Address
 27. Suite, Apt #, etc.
 28. City & State
 29. Zip Country
 30. Zip Country

9. Name and Address of Current Registered Agent
 FITZGIBBONS, THOMAS M
 1800 SECOND STREET SUITE 880 SARASOTA FL 34236

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code: 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 _____ (Type or print name of registered agent or corporation if not applicable) (If not applicable, registered agent signature required when reinstating) Date _____

12. OFFICERS AND DIRECTORS
 TITLE: D [] DELETE
 NAME: STERNGARD, SOREN
 STREET ADDRESS: 1800 SECOND STREET SUITE 880
 CITY-ST-ZIP: SARASOTA FL 34236
 TITLE: D [] DELETE
 NAME: PETERSSON, ALLAN
 STREET ADDRESS: 1800 SECOND STREET SUITE 880
 CITY-ST-ZIP: SARASOTA FL 34236
 TITLE: [] DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: [] DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: [] DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 11 TITLE: [] Change [] Addition
 12 NAME:
 13 STREET ADDRESS:
 14 CITY-ST-ZIP:
 21 TITLE: [] Change [] Addition
 22 NAME:
 23 STREET ADDRESS:
 24 CITY-ST-ZIP:
 31 TITLE: [] Change [] Addition
 32 NAME:
 33 STREET ADDRESS:
 34 CITY-ST-ZIP:
 41 TITLE: [] Change [] Addition
 42 NAME:
 43 STREET ADDRESS:
 44 CITY-ST-ZIP:
 51 TITLE: [] Change [] Addition
 52 NAME:
 53 STREET ADDRESS:
 54 CITY-ST-ZIP:
 61 TITLE: [] Change [] Addition
 62 NAME:
 63 STREET ADDRESS:
 64 CITY-ST-ZIP:

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 ****225.00 ****225.00

8/29/12

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Allan Petersson ALLAN PETERSSON 160796
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (3/96)

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