

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

FILED
Apr 08 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 # P97000091403 (0)
 1. Corporation Name
DANISH-AMERICAN COMMERCE AGENCY, INC.

Principal Place of Business: **6080 SW 18TH ST., STE. 101 BOCA RATON FL 33433**
 Mailing Address: **6080 SW 18TH ST., STE. 101 BOCA RATON FL 33433**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/23/1997**

4. FEI Number: **05-079-1541** 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 or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-28) details for **HOLLYWOOD FL 33024 USA**.

9. Name and Address of Current Registered Agent
SHAFFER, ROGER L
2500 N. MILITARY TRL., STE. 270
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: **JOHN JORGENSEN**
 82 Street Address (P.O. Box Number is Not Acceptable): **7240 MCARTHUR PARKWAY**
 83
 84 City: **HOLLYWOOD** FL 85 Zip Code: **33024**

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: **John Jorgensen (President)** DATE: **March 30th, 1998**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JORGENSEN, JOHN | 1.2 NAME | |
| STREET ADDRESS | 7240 MCARTHUR PKY. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL 33024 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FORKERSEN, HENRY | 2.2 NAME | |
| STREET ADDRESS | RIVERSIDE TOWERS #402, 190 N. FEDERAL HWY. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33441 | 2.4 CITY-ST-ZIP | |
| TITLE | ELIZABETH JORGGENSEN <input type="checkbox"/> DELETE DST | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 7240 MCARTHUR PKWY | 3.2 NAME | |
| STREET ADDRESS | HOLLYWOOD FL 33024 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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 or on an attachment with an address.

SIGNATURE: **John Jorgensen (Pres.)** 3-16-98 954-962-1107

CR2E034 (10/97)