

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
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95 APR 17 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\* CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # S81451**

1. Corporation Name

**Viking Ventures, Inc.**

Principal Place of Business

Mailing Address

2333 Ponce de Leon Blvd.  
PH - 1104  
Coral Gables, FL 33134  
US

2333 Ponce de Leon Blvd.  
PH - 1104  
Coral Gables, FL 33134  
US

900001459399

-04/18/95--01101--009

\*\*\*\*\*70.00 \*\*\*\*\*70.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/19/1991

3a. Date of Last Report

3/25/1994

4. FEI Number

65-0289359

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 has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

St. Louis, Roland R., Jr.  
201 S Biscayne Blvd  
1402 Miami Center  
Miami FL 33131

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 the applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brinkley, R.T., II	1 2 NAME	
STREET ADDRESS	2333 Ponce de Leon Blvd	1 3 STREET ADDRESS	
CITY - ST - ZIP	Coral Gables FL 33134	1 4 CITY - ST - ZIP	
TITLE	V	2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Abele, Charles R., JR.	2 2 NAME	Please delete Charles R. Abele
STREET ADDRESS	2333 Ponce de Leon Blvd.	2 3 STREET ADDRESS	as he is no longer Vice President.
CITY - ST - ZIP	Coral Gables, FL 33134	2 4 CITY - ST - ZIP	
TITLE	ST	3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Klotz, Mary Jo	3 2 NAME	S, Assistant Treasurer
STREET ADDRESS	2333 Ponce de Leon Blvd	3 3 STREET ADDRESS	
CITY - ST - ZIP	Coral Gables, FL 33134	3 4 CITY - ST - ZIP	
TITLE	V	4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hofmann, John L.	4 2 NAME	Please delete John L. Hofmann
STREET ADDRESS	2333 Ponce de Leon Blvd	4 3 STREET ADDRESS	as he is not Vice President.
CITY - ST - ZIP	Coral Gables, FL 33134	4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5 2 NAME	V, Treasurer, Assist. Secty
STREET ADDRESS		5 3 STREET ADDRESS	Weston, Andrew R.
CITY - ST - ZIP		5 4 CITY - ST - ZIP	2333 Ponce de Leon Blvd
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6 2 NAME	V,D
STREET ADDRESS		6 3 STREET ADDRESS	Cobb, Sue M.
CITY - ST - ZIP		6 4 CITY - ST - ZIP	2333 Ponce de Leon Blvd.
			Coral Gables, FL 33134

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 110.07(3)(b), 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 affidavit with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew R. Weston

Vice President

4/12/95

705 441 1700

Date

Telephone #