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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P34579

(3)

SCAND-AMERICA TOURS, INC.

FILED
May 01 1997 8:00am
Secretary of State

812-1142-8187

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Principal Place of Business Mailing Address								•			186 186 186 186 186 186 186 186 186 186 186 186 186 186 186 186 186 186	BIÐIK BEBUI ÐIÐIL ÐI	. 8 11 818 11	OLDHI HUBI		
11	00 CLEVELAI	ND ST.		1100	1100 CLEVELAND ST											
	ITE 1615			1615												
	EARWATER (FL 34615			CLEARWATER FL 34615-4858											
US					US					3. Date Incorporated or C 06/27/1991	Sualified		3a. Date of Last Report 05/02/1996			
2. Principal Place of Business					2a. Mailing Address					4. FEI Number	_	Applied For				
21				26	· •					NOT APPLICABL				ot Applicable		
Suite, Apt. #, etc.				⊢₁	Suite. Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional						
City & State					City & State									equired		
-	Oily & State	ate			City & State					,	lection Campaign Financing \$5.00 May Be					
23	Zip				Zip Country					Trust Fund Contribution				to Fees		
24		25			29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No							
9. Name and Address of Current I										10, Name and Address of New Registered Agent						
FISKAA, IVAR 81										Vame						
			OAKS DR				82									
			FL 34683						treet Address (P.O. Box Number is Not Acceptable)							
	1,100															
												· · · · · · · · · · · · · · · · · · ·				
							84	City				FL 85	Zip	Code		
11	I. Pursuant i	to the provis	ions of Sections 607.0	502 and 607.	1508, Florida Stat	tutes, the	_ll above	o-name	d corpo	ration submits this statemen	for the p		naina i	ts registered		
	office or re	egistered ag m familiar wi	ent, or both, in the Sta th, and accept the ob	ate of Florida. Jigations of S	Such change was ection 607 0505	s authoriza Elorida Str	ed by	the oc	rporatio	ration submits this statemen n's board of directors. I here	by accep	ot the appointm	nent as	registered		
<u>ر</u> ا	GNATURE	177 2 17111100	, 	nganeno or, o	0011011 001 10000, 1	i ionia on	210100	,								
51	GNATURE	Signature, typed	or printed name of registered	agent and title if ap	ppicable (N	od Ago	nt signatı	re required	(when reinstating)		DATE					
12	2,		OFFICERS A	AND DIRECTO	DIRECTORS 13.					ADDITIONS/CHANGES	TO OFFIC	ERS AND DIR	ECTO	RS IN 12		
TIT	LE	PCD			☐ DELETE	1.1	TITLE						Change	Addition		
NA	HAME FISKAA, IVAR				1.2											
STREET ADDRESS 2040 WINDING OAKS DR.					1.3 \$			ADDRESS	,							
_	CITY-ST-ZIP PALM HARBOR FL.				1.4 CI			1 - Z(P								
TIT		VD	*****		☐ DELETE	2.1	TILLE					□ (Change	L Addition		
NAME ODDVAR, MUSTORP					2.											
STREET ADDRESS SKONNEROD					2.3			ADDRESS								
CITY-ST-ZIP 1785 HALDEN NORWAY TITLE S								J-ZIP	 			KZ :				
i		CANIDATE	O OLAV		DEFE IF		MLE		5	Les of Av	_	S (Change	Addition		
	ME	SANDNE					NAM(SA	NDNES, OLIV	WD.					
	STREET ADDRESS 125 ASIA PLACE CITY-ST-ZIP CARLSTADT NJ 07072							ADDRESS	779	SANDNES, OLAV 794 EUNRISE BLUD. MOUNT BETHEL, PA 18343						
CIT	Y-ST-ZIP	DM	W1 140 0/0/E		⊠ DELETE		CITY - S	1 - 712	1// 0	DETREC	1.11	10 212	Change	Addition		
NA	•		EN, TERJE		₩_PDECCIE		NAME		DA	TENSEN, TER	SE	ייי	манус	(AUDITION)		
	REET ADDRESS		INGENS GT 16					ADDRESS	No.	WWINGERS 6T.	76					
	Y-ST-ZIP		STIANSANO NORM	ΙΔΥ			STREET CITY - S'		177	OI KRISTIANSA	NA	. MORW	AY			
TIT		T T	OTENIONIO NOTIT	<u> </u>	DELETE		JIIY-S IIILE	1-711 -	LO	01 / KI311/7/V > C	100	7 7 0	Change	Addition		
NA		CARTER,	PAUL				NAME									
STREET ADDRESS 1100 CLEVELAN			EVELAND ST.					ADDRESS		20000216		6982		65		
	Y-ST-ZIP		ATER FL 34815		5.3 SI 54 CI					-05/06/9701026041				5/1/97		
711					DELETE	61				***165.00			Change	Addition		
NA	ME						NAME						•			
STA	REET ADDRESS							ADDRESS								
	Y-ST-ZIP						CITY-S									
	. I do bereb	y certify tha	t the information supp	lied with this t	filing does not qua	alify for the	exe	minlion	stated i	n Section 119.07(3)(i), Florid	a Statutes	s. I further cert	ify that	the		
	I am an ot	ticer or direc	ciót o f the corporation	or the receive	er or frustee embr	owered to	accu exec	irate ar ute this	id that n Freport a	ny signature shall have the s as required by Chapter 607,	ame legal Florida S	i effect as if mi tatutes; and th	ade un at my	ider oath; that name		
	appears in	n Block 12 o	r Block 13 if changed	or ≱ n an atla	ichment with an a	ddress.			-	1//						