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

FILED
May 21 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 # **P34579** **(3)**

1. Corporation Name
SCAND-AMERICA TOURS, INC.

Principal Place of Business
1100 CLEVELAND ST.
SUITE 1615
CLEARWATER FL 34615
US

Mailing Address
1100 CLEVELAND ST
1615
CLEARWATER FL 34615
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/27/1991

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

4. FEI Number **NOT APPLICABLE** ☐ 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

9. **Name and Address of Current Registered Agent**
FISKAA, IVAR
2040 WINDWIG OAKS DR
PALM HARBOR FL 34683

10. **Name and Address of New Registered Agent**
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FISKAA, IVAR		1.2 NAME		
STREET ADDRESS	2040 WINDING OAKS DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ODDVAR, MUSTORP		2.2 NAME		
STREET ADDRESS	SKONNEROD		2.3 STREET ADDRESS		
CITY-ST-ZIP	1785 HALDEN NORWAY		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SANDNES, OLAV		3.2 NAME		
STREET ADDRESS	794 SUNRISE BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MOUNT BETHEL PA 18343		3.4 CITY-ST-ZIP		
TITLE	DM	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	OSTENSEN, TERJE		4.2 NAME		
STREET ADDRESS	DROWNINGENS GT 16		4.3 STREET ADDRESS		
CITY-ST-ZIP	4601 KRISTIANSANO NORWAY		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, PAUL		5.2 NAME		
STREET ADDRESS	1100 CLEVELAND ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34615		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 if changed, or on an attachment with an address.

SIGNATURE: Paul Carter Jr Treasurer

CR2E034 (10/97)