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

PROFIT CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

FILED Apr 01, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

04-01-1999 90057 010 ***150.00

DOCUI	MENT # S87904				ļ				
1. Corporation Name SIGURDSSON CORPORATION									
ordoris.									
Principal Place of Business Mailing Address							i elet bieli eti	RIS BILBIG BERKE B	(8)(\$\\$() [80]
101 SCRANTON	ST.	P.Q. BOX 2752							
FT. WALTON BEACH FL 32547 FT. WALTON BEACH FL 32545					- 1	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						10/17/1991			{
Principal Place of Business 2a. Mailing Address				 .		4. FEI Number	·	Apı	plied For
21		26				59-3102173			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	I .
City & State		City & State						Fee Re	
23	u	28				Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	- 1
Zip	Country Zip Cou			try		8. This corporation owes the current	nt vear inta		
24	25	29	30	وبيأسم		Personal Property Tax.	. ,		₩Ño
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered A	\gent	
0101	IDDAAAN IINDA HENDDIAKA	;		81 Name	1				1
SIGURDSSON, LINDA HENDRICKS 101 SCRANTON ST.				82 Street	Addres	s (P.O. Box Number is Not Acceptab	ole)		
FT. WALTON BEACH FL 32547			-	83					
FI. WALTON BEACH PE 3234/				53					
				84 City	•	•	FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508 Florida Statut	es the ah	nve-named	1 cornor:	ation submits this statement for the p	uroose of c	hanging its	registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was a	uthorized	by the comp	poration	s board of directors. I hereby accept	the appoin	tment as reg	gistered
· .	in laminal with, and accept the obligation	als of, Section 667,0303, Fig	Alua Glatu	.co.					1
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE		gent signature	required w	hen reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS ANI		
TITLE	P CICUIDDOCON LINDA II	☐ DELETE	1.1 TITL					Change	Addition \
NAME	SIGURDSSON, LINDA H. P.O. BOX 2752 N/A	₩.5.	1.2 NAME						
STREET ADDRESS	FT. WALTON BEACH FL'32549	~	`````````````````````````````````````	EET ADDRESS (-ST-ZIP	']]
CITY-ST-ZIP TITLE	TT. WALTON BEAUTITE 02349	☐ DELETE	2.1 TIIL		 		_	Change	Addition
NAME	ı	_	2.2 NAA	Æ .	1				_ }
STREET ADDRESS			2.3 STR	EET ADDRESS	;				
CITY-ST-ZIP			2.4 CIT	Y-ST-ZIP	<u>L</u> .				
TITLE		☐ DELETE	3.1 TITL	E				☐ Change	☐ Addition
NAME			3.2 NAN	ME	}				
STREET ADDRESS				EET ADDRESS	3				1
CITY-ST-ZIP		☐ DELETE		Y-ST-ZIP	-			Change	☐ Addition
TITLE		☐ DELETE	4.1 TITL					Change	☐ Addition /
NAME STREET ADDRESS			4. 2 NA	NE EET ADDRESS					}
CITY-ST-ZIP				-ST-ZIP	<u>'</u>			,	
TITLE		DELETE	5.1 TITL		1			Change	Addition
NAME			5.2 NAA	E.					1
STREET ADDRESS			, 5.3 STR	EET ADDRESS	1				
CITY-ST-ZIP				-ST-ZIP					_ <u></u>
TITLE	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	6.1 TITL					☐ Change	☐ Addition
NAME ;	The state of the s		6.2 NAN						1
STREET ADDRESS	TO THE STATE OF STATE		6.3 STR	EET ADDRESS	1				ļ

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

REQUIRED