


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745119
 1. Corporation Name

The Hagar Viking Club of Central Florida, Inc.

Principal Place of Business Mailing Address
Al Frink
1366 Augusta National Blvd.
Winter Springs, Florida 32708

2. Principal Place of Business 21 Henry Klint	2a. Mailing Address 26 2104 New Victor Rd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Ocoee, FL
24 Zip	29 34761
25 Country	30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
FEL Number 59-187709	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Al Frink
1366 Augusta Nat'l. Blvd.
Winter Springs, FL 32708

10. Name and Address of New Registered Agent
81 Name Henry Klint
82 Street Address (P.O. Box Number is Not Acceptable) 2104 New Victor Rd
83
84 City Ocoee FL 85 Zip Code 34761

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Henry Klint, President** (NOTE: Registered Agent signature required when reinstating) DATE **6/17/97**

12. OFFICERS AND DIRECTORS	
TITLE	President <input checked="" type="checkbox"/> DELETE
NAME	Al Frink
STREET ADDRESS	1366 Augusta Nat'l. Blvd.
CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	Vice-President <input checked="" type="checkbox"/> DELETE
NAME	Robbert Gaarlandt
STREET ADDRESS	2698 Danielle Dr
CITY-ST-ZIP	Oviedo, FL 32765
TITLE	Secretary <input checked="" type="checkbox"/> DELETE
NAME	MARGARETE Uhler
STREET ADDRESS	372 Goldstone Ct.
CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	Treasurer <input checked="" type="checkbox"/> DELETE
NAME	Marit Cairns
STREET ADDRESS	11128 Lake Butler Blvd.
CITY-ST-ZIP	Windermere, FL 34786
TITLE	At-Large <input type="checkbox"/> DELETE
NAME	Oscar Karlstad
STREET ADDRESS	700 Willow Run Lane
CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Henry Klint
1.3 STREET ADDRESS	2104 New Victor Rd.
1.4 CITY-ST-ZIP	Ocoee, FL 34761
2.1 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Peder Otterson
2.3 STREET ADDRESS	2838 Summerfield Rd.
2.4 CITY-ST-ZIP	Winter Park, FL 32792
3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Marta Bean
3.3 STREET ADDRESS	4078 Summerwood Ave.
3.4 CITY-ST-ZIP	Orlando, FL 32812
4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Britt Edstrom
4.3 STREET ADDRESS	1830 Tournament Dr,
4.4 CITY-ST-ZIP	Apopka, FL 32712
5.1 TITLE	At-Large <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Oscar Karlstad
5.3 STREET ADDRESS	700 Willow Run Lane
5.4 CITY-ST-ZIP	Winter Springs, FL 32708
6.1 TITLE	
6.2 NAME	100002222181
6.3 STREET ADDRESS	-06/25/97--01004--024
6.4 CITY-ST-ZIP	***61.25

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Britt Edstrom** Date **5-27-97** Daytime Phone # **407-884 9255**

CR2E037 (9/96)