

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

FILED
Mar 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F78792 (1)
 1. Corporation Name
STAR TOUR OF SCANDINAVIA, INC.



Principal Place of Business 500 NORTH BIRCH ROAD FORT LAUDERDALE FL 33304 US	Mailing Address 505 NORTH ATLANTIC BOULEVARD RIVIERA HOTEL FORT LAUDERDALE FL 33304 US
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DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
04/28/1982

2. Principal Place of Business 21 717 BREAKERS AVE Suite, Apt. #, etc.	2a. Mailing Address 26 2455 E. SUNRISE BLVD Suite, Apt. #, etc.
22 MONTE CARLO City & State	27 303 City & State
23 FORT LAUDERDALE Zip Country	28 FORT LAUDERDALE Zip Country
24 33304 25 USA	29 33304 30 USA

4. FEI Number
59-2185233 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
**L.R. & R., INC.
 3501 BISCAYNE BOULEVARD
 MIAMI FL 33137**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	RUDEBJER, GUNILLA
STREET ADDRESS	117 85
CITY-ST-ZIP	STOCKHOLM SWEDEN
TITLE	VS <input type="checkbox"/> DELETE
NAME	CARINA, SANNEALM
STREET ADDRESS	11785
CITY-ST-ZIP	STOCKHOLM SWEDEN
TITLE	VS <input type="checkbox"/> DELETE
NAME	WETTERSTRAND, PETER
STREET ADDRESS	117 85
CITY-ST-ZIP	STOCKHOLM SWEDEN
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: _____ **Gunilla Rudebjer 02/09/98** 954-564-2802

CR2E034 (10/97)