


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90009 022 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F78792 ✓  
 1. Corporation Name

STAR TOUR OF SCANDINAVIA, INC.



Principal Place of Business: 717 BREAKERS AVE, FORT LAUDERDALE-FL-33304, US  
 Mailing Address: 2455 E SUNRISE BLVD, SUITE 303, FORT LAUDERDALE FL 33304, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 717 Breakers Ave, Fort Lauderdale, FL 33304, USA  
 2a. Mailing Address: 2455 E SUNRISE BLVD, Suite, Apt. #, etc. 303, Fort Lauderdale, FL 33304, USA

3. Date Incorporated or Qualified: 04/28/1982  
 4. FEI Number: 59-2185233  
 5. Certificate of Status Desired:  Applied For,  Not Applicable  
 6. Election Campaign Financing:  \$8.75 Additional Fee Required,  \$5.00 May Be Added to Fees  
 7. This corporation owes the current year Intangible Personal Property:  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: L.R. & R., INC., 3501 BISCAYNE BLVD, MIAMI, FL 33137

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, SANNERALM	
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		

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: *[Signature]* 070399 954-564-2802  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)