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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000004692 (9)**

1. Corporation Name

SCANDINAVIAN LAMPS MFG. CORP.



Principal Place of Business

**PO BOX 1927
ST. AUGUSTINE FL 32085**

Mailing Address

**PO BOX 1927
ST. AUGUSTINE FL 32085**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MORA, JAIME
1965 STATE ROAD 16
ST. AUGUSTINE FL 32084**

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 filer in applicant's

(NOTE: Registered Agent signature is optional when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CPST** ☐ DELETE

1.1 TITLE

NAME

~~GUERRERA, JACQUELINE B~~

1.2 NAME

STREET ADDRESS

~~201 HEMPSTEAD AVE.~~

1.3 STREET ADDRESS

CITY-STATE-ZIP

~~MALVERNE NY 11565~~

1.4 CITY-STATE-ZIP

TITLE

GUERRERA, JACQUELINE B

2.1 TITLE

NAME

31 Lenox Rd

2.2 NAME

STREET ADDRESS

Rockville Centre N.Y.

2.3 STREET ADDRESS

CITY-STATE-ZIP

11570

2.4 CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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