

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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.	
22	27	City & State	
23	28	City & State	
24	25	29	30
Zip		Country	

3. Date Incorporated or Qualified 09/12/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 13-2988393	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 applicable blocks. (NOTE: Registered Agent signature is required when registering.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	2. NAME
CPST	GUERRERA, JACQUELINE B	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	201 HEMPSTEAD AVE. MALVERNE NY 11565	13. STREET ADDRESS	
	<i>change of address</i>	14. CITY - ST - ZIP	
	GUERRERA, JACQUELINE B	2. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	31 Lenox Rd	22. NAME	
	Rockville Centre N.Y.	23. STREET ADDRESS	
	11570	24. CITY - ST - ZIP	
		3. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32. NAME	
		33. STREET ADDRESS	
		34. CITY - ST - ZIP	
		4. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42. NAME	
		43. STREET ADDRESS	
		44. CITY - ST - ZIP	
		5. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52. NAME	
		53. STREET ADDRESS	
		54. CITY - ST - ZIP	
		6. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62. NAME	
		63. STREET ADDRESS	
		64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Jacqueline B Guerrero* 3-17-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (12/95)