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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F96000004989 (7)

ETERNAL VENTURES LTD. INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Maiting Address								#1#1# E#1#1 1#	II 4 1 II I	
8682 NW HWY 225A		8682 NW HWY 225A								
OCALA FL 34	1482	OCALA FL 34482				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified				٦
						09/27/1996				
	Place of Business	2a. Mailing Address				4. FEI Number		A	pplied For	1
21		26				59-3405910		N	ot Applicable]
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	1	
22		27				b. Commodic of Status Seared		Fee R	equired	
City & Star	le	City & State	├ ′			6. Election Campaign Financing			May Be	
Zip	Country	Zip Country			···	Trust Fund Contribution	<u> </u>		to Fees	4
24	<u> </u>			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					_ ~	
241	25 29 30 9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent						+
Н	IGHES, SANDY			61	Name					1
8682 NW HWY 225A			00 04001 4.4			on (D.O. Boy Number in Not Assente	hlas		 .	-
	ALA FL 34482		82 Street Ac			dress (P.O. Box Number is Not Acceptable)				
	7,421 1 2 3 7 7 5 2		63							1
			-	B4	City			85 Zip	Code	┨
			- 1		•		FL_			Ĺ
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 report of confice 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 regi								ts registered registered		
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature, types or printed may fol trige-time approximative if applicable (NOTE Registered Agent signature required when reinstating) DATE OF THE PROPERTY OF THE										
12.	OFFICERS AND		13.	- G	ne organización todas co	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	RS IN 12	16
TITLE	0	☐ DELETE	1.5 161	LE	·····		····	Change	Addition	
NAME	MO, MORTEN		1.2 NAME							13
STREET ADDRESS	LILLEAKERVEIEN 4		1.3 STF	AEET .	address					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
CITY-ST-ZIP	0216 OLSO, NORWAY		1.4 DITY-		r - Z IP					<u>]</u> 8
TITLE	D	☐ DELETE	2.1 TITLE					Change	☐ Addition	۲
NAME	KLEVEN, MORTEN		2.2 NAME							
STREET ADDRESS	LORENTZEN AND STEMOCO A	IS, LILLEAKERVEIEN 4	2 3 STREET ADDRESS							
CITY-ST-ZIP	N-0216 OSLO, NORWAY	DEVETE	2. 4 CiT		T-ZIP			Change	A statistical	4
TITLE	- 1			3.1 TITLE				Change	Addition	
NAME STREET ADDRESS	NAGELL-ERICHSEN, EINAR C HAFRSFJORDG 8		3.2 NAME							
CITY-ST-ZIP	0273 OLSO, NORWAY		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP							
TITLE	n	DELETE			1-2Ir			Change	Addition	1
NAME	BERGMAN, NINA		4. 2 NAME							
STREET ADDRESS	LILLEAKERY 4			4.3 STREET ADDRESS						
CITY-ST-ZIP	0216 OLSO, NORWAY				1					
TITLE			_	4.4 CITY - ST - ZIP 5.1 TITLE		11/2.0		Change	Addition	1
NAME			5.2 NAM							
STREET ADDRESS			5.3 STF	REETA	ADDRESS					
CITY-ST-ZIP		<u>,</u>	5.4 CIT	Y-S1	- ZIP					
TITLE		DELETE	6.1 TIT	LE				Change	Addition	
NAME			6.2 NAI	ME						
STREET ADDRESS			6.3 STF	REET A	ADDRESS					
CITY-ST-ZIP	certify that the information supplied with	this filling close and assets of	6.4 CIT			Panting 440 07/01/0 Florida Panting	L. Lethar a -	elifa , ale en al al-	Information	-
a. inarenv (carring that the intentiation suchtiga with	trues mano does not anality to	W WIN BYOL	not.	COLSINGO IO 5	Second LISTOZISTI FIOTOS STATUTĖS -	i illimer cei	my mai inc	concentation -	

Indicated on this annual report or supplied with this ming does not quarry for me exemption stated in section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplied enter port 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 of the receiver or trusted 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 attrictment with an address.