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).

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jul 22, 1999 8:00 am Secretary of State

07-22-1999 90003 022 \*\*\*150.00

DOCUI 1. Corporation	MENT # F98000	004162		
FUROM	ERICA AB			
·	LINOA AD		•	
Principal Place	of Business	Mailing Address		( IDDIIDO 1840 ABINA OBINA OBINA OBINA OBINA OBINA OBINA OBINA OBINA OBINA
P.A. HANSSON	/	P.A. HANSSONS VAG 70 C		
215 67 MALMO		215_67-MALMO		DO NOT WORTH IN THIS COACE
SWEDEN		SWEDEN		DO NOT WRITE IN THIS SPACE
OC		OC		3. Date Incorporated or Qualified 07/21/1998
2 Principal D	and of Projects	2a. Mailing Address		4. FEI Number (EIN) Applied For
	ace of Business EMOLLEGATAN 78	26 SAME AS	97	98-0205452 Not Applicable
21 <b>Se 6</b> 6 Suite, Apt.		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	\$8.75 Additional
22	#1 0.0.	27		5. Certificate of Status Desired Fee Required
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be
23 212	97 MALMO	28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year
24	25 SWEDEN		30	Intangible Personal Property. Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
EDI	ANDCCON BO		81 Name	
ERLANDSSON, BO			82 Street	Address (P.O. Box Number is Not Acceptable)
18591 CROSSWIND AVE. NE CHASGE OF NORTH FORT MYERS FL 33917			113	7 LINCOLN COURT
1101	THE CHIEND IE COST	THE ADDRESS	83	
		100.000	84 City	85 Zip Code
				APE CORAL FL 33904-
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.				
agent. I am familiar with and accept the obligations of, section 607.0505, Florida Statutes.				
SIGNATURE	13 GUCLOW		E: Registered Agent signatur	07/76/99
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CP	DELETE	1.1 TITLE	Change Addition
NAME	ERLANDSSON,		1.2 NAME	
STREET ADDRESS	P.A. HANSSONS VAG 70 C, 21	5 67 MALMO	1.3 STREET ADDRESS	1137 LINCOLN COURT
CITY-ST-ZIP	SWEDEN		1.4 CITY-ST-ZIP	CAPE CORAL FL 33 904
TITLE	C	DELETE	2.1 TITLE	Change Addition
NAME	ERLANDSSON, ASTA		2.2 NAME	v
STREET ADDRESS	BOKESLUNDSVAGEN 2038, 24	3 93 HOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SWEDEN		2.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME		<del></del>	3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS		,	4.3 STREET ADDRESS	
CITY-\$T-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME		e *	5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	,
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
	i e e e e e e e e e e e e e e e e e e e		6.2 NAME	<b>→</b>

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 the corporation of the corporation of the corporation of the receiver of the recei in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

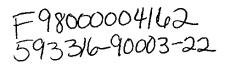
6.4 CITY-ST-ZIP

SIGNATURE: \_

STREET ADDRESS

ERUXNOSSONO

CR2E034 (5/99)



Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

07/16/99

Reg: Euromerica AB, F 98000004162

## Dear Sir/Madam

I'm sorry I'm late with this form, but I didn't get the first notice. The second notice arrived to my new Swedish address the 6th of July. And it took more than a week to get it to U.S.

I have changed my company address in Sweden, and paid the Swedish Post Office to transfer the mail to my new\_\_\_\_\_ address, but something must have gone wrong. I'm very sorry.

I phoned Your Department the 7th of July and talked to one of your representatives, "Jene". She said that I should send in the form and \$150.00 when it arrives from Sweden and add a letter with an explanation why I'm late.

**Best Regards** 

Bo Erlandsson Euromerica AB 1137 Lincoln Court

Cape Coral, FL 33 904