

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F98000006286

1. Corporation Name

RESULTATSYSTEM I GOTEBOG AB

Principal Place of Business

ALVSAKERSVAGEN 22  
SE-434 96 KUNGSBACKA  
SWEDEN

Mailing Address

ALVSAKERSVAGEN 22  
SE-434 96 KUNGSBACKA  
SWEDEN

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90058 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1998

4. FEI Number 65-0885265

Applied For

NOT APPLICABLE

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Celebration, Florida

Zip Country

24 34747 25 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HELLMAN, GORAN  
% SWEDISH AMERICAN CHAMBER OF COMMERCE FL  
1200 ANASTASIA AVENUE  
CORAL GABLES FL 33134

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC  
NAME MEDIN, STEFAN  
STREET ADDRESS PASSAVAGEN 6431, SE-434 96 KUNGSBACKA  
CITY-ST-ZIP SWEDEN

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VCV  
NAME LINDAHL, JOHAN  
STREET ADDRESS FOLKUNGAGATAN 9, SE-411 02, GOTEBOG  
CITY-ST-ZIP SWEDEN

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME BERGSTROM, STEFAN  
STREET ADDRESS SMORSLOTTSGATAN 92 2TR, SE-416 78 GOTEBOG  
CITY-ST-ZIP SWEDEN

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME LINDAHL, MIKAEL  
STREET ADDRESS LANGEDRAGSVAGEN 54A, SE-426 71 V-FROLUNDA  
CITY-ST-ZIP SWEDEN

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowered.

SIGNATURE: *Stefan Bergstrom* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13-04-99 46-31-707-6152

Date

Daytime Phone #

CR2E034 (11/98)