

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

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

03-01-1999 90257 027 \*\*\*\*61.25

03-01-1999 90257 028 \*\*\*\*88.75

DOCUMENT # F98000006314

1. Corporation Name

ROYAL SCANDINAVIA, INC.

Principal Place of Business

140 BRADFORD DRIVE  
WEST BERLIN NJ 08091

Mailing Address

140 BRADFORD DRIVE  
WEST BERLIN NJ 08091

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1998

4. FEI Number  
23-0582990

Applied For  
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

21 Bal Harbour Shops

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite 149, 9700 Collins Ave

27 City & State

23 Bal Harbour, FL

28 Zip

24 33154

25 USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME SACTRE, OYUIND  
STREET ADDRESS 140 BRADFORD DRIVE  
CITY-ST-ZIP WEST BERLIN NJ

TITLE V ☐ DELETE

NAME MCGINNIS, ANA M  
STREET ADDRESS 140 BRADFORD DRIVE  
CITY-ST-ZIP WEST BERLIN NJ

TITLE V ☐ DELETE

NAME RYAN, PAMELA  
STREET ADDRESS 140 BRADFORD DRIVE  
CITY-ST-ZIP WEST BERLIN NJ

TITLE V ☐ DELETE

NAME DOUGHERTY, WILLIAM  
STREET ADDRESS 140 BRADFORD DRIVE  
CITY-ST-ZIP WEST BERLIN NJ

TITLE CD ☐ DELETE

NAME MARKOO, OLLE  
STREET ADDRESS S 380 40  
CITY-ST-ZIP ORREFORS, SWEDEN

TITLE D ☒ DELETE

NAME WESTMAN, LARS  
STREET ADDRESS S 380 40  
CITY-ST-ZIP ORREFORS, SWEDEN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Sactre, Oyvind

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0546270