

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H36794 (6)

1. Corporation Name

NORDIC PROPERTIES, INC.

Principal Place of Business

809 NORTH FEDERAL HWY
LAKE WORTH FL 33460

Mailing Address

~~809 NORTH FEDERAL HWY~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/04/1985

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2478500

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

BOX 4367

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Lakeland, FL

Zip

Country

24

25

Zip

Country

29

33462

30

PR

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANTILA, MARTTI

~~809 NORTH FEDERAL HIGHWAY~~
~~LAKE WORTH FL 33460~~

81 Name

Antila Martti

82 Street Address (P.O. Box Number is Not Acceptable)

1517 North L St.

83

84 City

Lake worth FL

85

Zip Code

33460

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 reappointing)

DATE

4-15-95

12. OFFICERS AND DIRECTORS

TITLE	VTD
NAME	ANTILA, OIVA
STREET ADDRESS	809 N FEDERAL HWY
CITY - ST - ZIP	LAKE WORTH FL
TITLE	D
NAME	MAJJA L. ANTILA
STREET ADDRESS	4590 DAVIS ROAD
CITY - ST - ZIP	LAKE WORTH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

SIGNATURE (Next to)

4-20-95