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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Dorinda B. McArthur
Secretary of State
CORPORATION (CORPORATE) 403

APPROVED
AND
FILED
1995 MAR 20 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H50449 (8)

1. Corporation Name

VIKING TECHNICAL SERVICES AND SUPPLY, INC.

1000001486171
-03/22/95--01042--003
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business
506 S.DIXIE HIGHWAY
HALLANDALE FL 33009

Mailing Address
506 S.DIXIE HIGHWAY
HALLANDALE FL 33009

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUSTAFSON, EBBE R.
506 S. DIXIE HIGHWAY
HALLANDALE FL 33009

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 of applicant

(NOTE: Registered Agent (signature required) please print name)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
C/D
GUSTAFSON, EBBE R.
581 N.E. 199TH TERRACE
N. MIAMI BCH. FL.
D
GUSTAFSON, HAZEL
581 N.E. 199TH TERRACE
N. MIAMI BCH. FL.
V/D
ROBERT E. BODE
150 N.E. 15TH AVE. #1144
FT. LAUDERDALE FL 33301

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
12371 SANDWEDGE DRIVE
BOYNTON BEACH FL 33436
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
12371 SANDWEDGE DRIVE
BOYNTON BEACH FL 33436
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6.1 TITLE
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 191.02(6)(b), 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 or changed, or on an attachment with an address.

SIGNATURE: *EBBE R. GUSTAFSON* EBBE R. GUSTAFSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/95 (305)458-5771
Date Telephone