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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H50449 (8)

1. Corporation Name
VIKING TECHNICAL SERVICES & SUPPLY, INC.



Principal Place of Business

506 S. DIXIE HWY
HALLANDALE FL 33009
US

Mailing Address

506 S. DIXIE HWY
HALLANDALE FL 33009-6332
US

3. Date Incorporated or Qualified
04/01/1985

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number
59-2548540

Applied For
☒ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 of registered agent or authorized officer and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GUSTAFSON, EBBE R.
STREET ADDRESS 12371 SANDWEDGE DR.
CITY- ST- ZIP BOYNTON BEACH FL 33436
☒ DELETE

TITLE SD
NAME GUSTAFSON, HAZEL
STREET ADDRESS 12371 SANDWEDGE DR.
CITY- ST- ZIP BOYNTON BEACH FL 33436
☐ DELETE

TITLE VD
NAME SWENSON, JUDY
STREET ADDRESS 11865 SW 11TH COURT
CITY- ST- ZIP DAVIE FL 33325
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE PD
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
☒ Change ☐ Addition

4.1 TITLE VD
4.2 NAME GARCIA, ISABEL
4.3 STREET ADDRESS 6709 SW 19TH STREET
4.4 CITY- ST- ZIP MIRAMAR, FLORIDA 33023
☐ Change ☒ Addition

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

JUDY SWENSON, PRESIDENT

3/4/97

(954) 458-5771

CR2E034 (9/96)