

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # L12432 (5)  
1. Corporation Name  
S.I.C.C., INC.



Principal Place of Business: C/O EURO FLORIDA, INC. 1318 SE 47TH STREET CAPE CORAL FL 33904 US  
Mailing Address: C/O EURO FLORIDA, INC. 1318 SE 47TH STREET CAPE CORAL FL 33904 US

3. Date Incorporated or Qualified: 08/28/1989  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 65-0145460  
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 C/O EURO FLORIDA 1503 SE 47TH STREET 22 Suite, Apt. #, etc.: 22  
City & State: 23 CAPE CORAL FLORIDA 24 Zip: 33904 25 Country: USA  
2b. Mailing Address: 26 C/O EURO FLORIDA 27 P.O. Box 1557 28 CAPE CORAL, FLORIDA 29 Zip: 33910-1557 30 Country: USA

9. Name and Address of Current Registered Agent  
PETER WITTANDER  
1318 SE 47TH STREET  
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 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: \_\_\_\_\_ (Type or print name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when not filer.) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVTS <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KJELL ANDERSON	12 NAME	
STREET ADDRESS	1318 SE 47TH STREET	13 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	14 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, KJELL	22 NAME	
STREET ADDRESS	GRAFFMANSGATAN 11	23 STREET ADDRESS	
CITY - ST - ZIP	412 73 GOTEBOG, SWE	24 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENNART, JOHANSSON	32 NAME	
STREET ADDRESS	CARLSTOMES VAG 7	33 STREET ADDRESS	
CITY - ST - ZIP	423 34 TORSLANDA, SWE	34 CITY - ST - ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALL, INGEMAR	42 NAME	
STREET ADDRESS	RYTTARSTIGEN 33	43 STREET ADDRESS	
CITY - ST - ZIP	436 34 HOVAS, SWEDEN	44 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSSON, GUNNAR	52 NAME	
STREET ADDRESS	BOHUSGATAN 26	53 STREET ADDRESS	
CITY - ST - ZIP	411 39 GOTEBOG, SWE	54 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, JAN	62 NAME	
STREET ADDRESS	BILLDALS, LOVSKOGSVAG 40	63 STREET ADDRESS	
CITY - ST - ZIP	427 00 BILLDAL, SWE	64 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 119.07(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 617, 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  
KJELL ANDERSSON

6-17-96 (941) 549-3101  
Date Office Phone #

CR2E034 (3/96)