

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L12432 (5)  
1. Corporation Name  
S.I.C.C., INC.



Principal Place of Business % EURO-FLORIDA, INC. 1903 S.E. 47TH TERR. CAPE CORAL FL 33904 US	Mailing Address % EURO-FLORIDA, INC. P.O. BOX 1557 CAPE CORAL FL 33910-1657 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 % EURO-FLORIDA, INC. Suite, Apt. #, etc. 22 1507 SE 47TH TERRACE City & State 23 CAPE CORAL FL Zip 24 33904		2a. Mailing Address 26 % EURO-FLORIDA, INC. Suite, Apt. #, etc. 27 P.O. BOX 1557 City & State 28 CAPE CORAL FL Zip 29 33910-1657		3. Date Incorporated or Qualified 08/28/1989	
25 US		30 US		4. FEI Number 65-0145460 Applied For Not Applicable	
25 US		30 US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 US		30 US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 US		30 US		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PETER WITTANDER  
1503 SW 47TH TERRACE  
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name	PETER WITTANDER		
82 Street Address (P.O. Box Number is Not Acceptable)	1507 SE 47TH TERRACE		
83			
84 City	CAPE CORAL	85 FL	33904

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KJELL ANDERSON	1.2 NAME	
STREET ADDRESS	GRAFFMANSGATAN 11	1.3 STREET ADDRESS	
CITY-ST-ZIP	GOTEBORG, SWEDEN 41273	1.4 CITY-ST-ZIP	
TITLE	0 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, KJELL	2.2 NAME	
STREET ADDRESS	GRAFFMANSGATAN 11	2.3 STREET ADDRESS	
CITY-ST-ZIP	412 73 GOTEBORG, SWE	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE \_\_\_\_\_ KJELL ANDERSSON 4.17.98

CR2E034 (10/97)