

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

FILED

Jan 16 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 # L13003 (3)

1. Corporation Name  
A & A VIKING, INC.



Principal Place of Business  
520 KING ST  
PUNTA GORDA FL 33950  
US

Mailing Address  
520 KING ST  
1239 SANTANA COURT  
PUNTA GORDA FL 33950-6618  
US

3. Date Incorporated or Qualified  
09/01/1989  
3a. Date of Last Report  
01/23/1996

4. FEI Number  
65-0148898  
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 4819 TAMiami TR  
Suite, Apt. #, etc.

2a. Mailing Address  
26 12915 Southwest Kings Cir  
Suite, Apt. #, etc.

22 CHARLOTTE HARBOR FL  
City & State

27  
City & State

23  
Zip  
24 33980  
Country

28 LAKE SUZY FL  
Zip  
29 33821  
Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
OLSEN, EUGENE A  
12915 SOUTHWEST KINGS CIRCLE  
LAKE SUZY FL 33821

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 607.0505, 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: *Eugene A. Olsen* (NOTE: Registered Agent signature required when reinstating) DATE: 1/7/97

12. OFFICERS AND DIRECTORS	
TITLE	PSY <input type="checkbox"/> DELETE
NAME	OLSEN, EUGENE A
STREET ADDRESS	12915 SOUTHWEST KINGS CIRCLE
CITY - ST - ZIP	LAKE SUZY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	OLSEN, EUGENE A
STREET ADDRESS	12915 SOUTHWEST KINGS CIRCLE
CITY - ST - ZIP	LAKE SUZY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Eugene A. Olsen* 1/7/97 (941) 766-7555  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)