FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L55922** **(3)**

1. Corporation Name

K.E.A. INVESTMENTS, INC.

Principal Place of Business	Mailing Address
C/O JEAN MANSSON 5205 SARASOTA CE CAPE CORAL FL 33904	C/O JEAN MANSSON 5205 SARASOTA CE CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/05/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 C/O PETER WITTANDER	26 C/O PETER WITTANDER
Suite, Apt. #, etc. 22 1318 SE 47TH ST	Suite, Apt. #, etc. 27 1318 SE 47TH ST
City & State 23 CAPE CORAL FL	City & State 28 CAPE CORAL FL
Zip / Country 24 33904 / 25	Zip / Country 29 33904 / 30

4. FEI Number: 65-0180300 ☐ 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

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

8. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KRONANDER, BO 5127 SW 13TH AVE CAPE CORAL FL 33991	81 Name: ANDERSSON, KJELL E. 82 Street Address (P.O. Box Number is Not Acceptable): 5127 SW 13TH AVENUE 83 84 City: CAPE CORAL FL 85 Zip Code: 33991

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] KJELL ANDERSSON 4-24-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	11 TITLE		☐ Change ☐ Addition
NAME	EKLUND, OVE	12 NAME		
STREET ADDRESS	5127 SW 13TH AVE	13 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	14 CITY-ST-ZIP		
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	KRONANDER, BO	22 NAME		
STREET ADDRESS	5127 SW 13TH AVE	23 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	C, P, S,T	☒ Change ☐ Addition
NAME	ANDERSSON, KJELL E	32 NAME	ANDERSSON, KJELL E.	
STREET ADDRESS	5127 SW 13TH AVE	33 STREET ADDRESS	5127 SW 13TH AVE	
CITY-ST-ZIP	CAPE CORAL FL	34 CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: [signature] KJELL ANDERSSON 4-24-95 (813)549-3101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KJELL E. ANDERSSON, PRESIDENT

0320017 CP