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 # L55922 (3)

1. Corporation Name

K.E.A. INVESTMENTS, INC.

Principal Place of Business	Mailing Address
% PETER WITTANDER 1318 SE 47TH STREET CAPE CORAL FL 33904 US	% PETER WITTANDER 1318 SE 47TH STREET CAPE CORAL FL 33904 US

3. Date Incorporated or Qualified: 03/05/1990
3a. Date of Last Report: 04/28/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 C/O EURO FLORIDA	26 C/O EURO FLORIDA
Suite, Apt. #, etc. 22 1503 SE 47TH TERRACE	Suite, Apt. #, etc. 27 P.O. BOX
City & State 23 CAPE CORAL, FLORIDA	City & State 28 CAPE CORAL, FLORIDA
Zip 24 33904 Country 25 USA	Zip 29 33910-1557 Country 30 USA

9. Name and Address of Current Registered Agent

ANDERSSON, KJELL E.
5127 SW 13TH AVE
CAPE CORAL FL 33991

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	☒ DELETE
NAME	EKLUND, OVE	
STREET ADDRESS	5127 SW 13TH AVE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	P	☒ DELETE
NAME	KRONANDER, BO	
STREET ADDRESS	5127 SW 13TH AVE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	CPST	☐ DELETE
NAME	ANDERSSON, KJELL E.	
STREET ADDRESS	5127 SW 13TH AVE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, VP, S, T	☒ Change ☐ Addition
1.2 NAME	ANDERSSON, KJELL	
1.3 STREET ADDRESS	5127 SW 13TH AVE	
1.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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] 6-17-96 (941)549-3101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KJELL ANDERSSON