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Jan 22 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 # L76795 (8)

1. Corporation Name
KJELL PEDERSEN, P.A.



Principal Place of Business
2555 ESTERO BLVD
FT MYERS BEACH FL 33931
US

Mailing Address
2555 ESTERO BLVD
FT MYERS BEACH FL 33931-3344
US

3. Date Incorporated or Qualified 05/31/1990
3a. Date of Last Report 04/08/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 65-0218324
Applied For Not Applicable

21 State, Apt. #, etc.

26 State, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEDERSEN, KJELL
2555 ESTERO BLVD.
FT MYERS BEACH FL 33931

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME PEDERSEN, KJELL
STREET ADDRESS 2555 ESTERO BLVD
CITY- ST- ZIP FT MYERS BEACH FL

11 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

12 NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13 STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

14 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS

24 CITY- ST- ZIP

25 TITLE ☐ Change ☐ Addition

26 NAME ☐ Change ☐ Addition

27 STREET ADDRESS

28 CITY- ST- ZIP

29 TITLE ☐ Change ☐ Addition

30 NAME ☐ Change ☐ Addition

31 STREET ADDRESS

32 CITY- ST- ZIP

33 TITLE ☐ Change ☐ Addition

34 NAME ☐ Change ☐ Addition

35 STREET ADDRESS

36 CITY- ST- ZIP

37 TITLE ☐ Change ☐ Addition

38 NAME ☐ Change ☐ Addition

39 STREET ADDRESS

40 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS

44 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: Kjell Pedersen

1-10-97

941-463-9354

Date

Daytime Phone #

CR2E034 (9/96)