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

FILED Mar 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)L77515 ALL SWEDE, CORP. Principal Place of Business Mailing Address CO JEAN MANSSON CO JEAN MANSSON 5205 SARASOTA COURT CAPE CORAL FL 33904 **5205 SARASOTA COURT** DO NOT WRITE IN THIS SPACE CAPE CORAL FL 33904 3. Date Incorporated or Qualified 05/31/1990 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0233485 Not Applicable 21 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 23 28 Žφ Country ZiD Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes □ No 24 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name MANSSON, JEAN **5205 SARASOTA COURT** 82 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33904 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, I lorida 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ☐ Addition DELETE 1.1 TITLE TITLE Change MANSSON, JEAN 1.2 NAME CR2E034 NAME **5205 SARASOTA COURT** STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE LOWGREN, STEVE 22 NAME NAME .1670 EDITH ESPLANDE 23 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 2. 4 CITY-ST-ZIP CHTY-ST-ZIP Change DELETE 3.1 TITLE ☐ Addition TETLE SODERBERG, LEIF 3.2 NAME NAME 5326 MALALUKA COURT 3.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME HJERTAES, ASTRI 4.2 NAME **5326 MALALUKE COURT** STREET ADDRESS 4 3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 44 CHY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition 6.1 TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

2/23/98

941-542-6451

14. Thereby 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 suppliemental arrutal 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 or at attachment with an address.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: >