

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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COMM - APR 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Muthon  
Secretary of State  
1900 BANKERS BUILDING  
TALLAHASSEE, FLORIDA 32399

DOCUMENT # **M08812** (3)  
Corporate Name  
**AMERISWEDE HEALTH PRODUCTS, INC.**

Principal Place of Business: **% DATA PROFESSIONALS 6566 N.W. 13TH CT. PLANTATION FL 33313**  
Mailing Address: **% DATA PROFESSIONALS 6566 N.W. 13TH CT. PLANTATION FL 33313**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **12/11/1984**  
3a. Date of Last Report: **05/01/1994**  
4. FFI Number: **59-2497816**  
Applied For:  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. 198.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23  
2a. Mailing Address: 26, 27, 28  
24, 25, 29, 30

9. Name and Address of Current Registered Agent: **DATA PROFESSIONALS, INC. 6566 N.W. 13 TH CT. PLANTATION FL 33313**  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SVENSSON, GLORIA G.</b>	17 NAME	
STREET ADDRESS	<b>3935 N.W. 38TH TERR</b>	18 STREET ADDRESS	
CITY, ST, ZIP	<b>LAUDERDALE LAKES FL</b>	19 CITY, ST, ZIP	
TITLE	<b>TD</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SVENSSON, DAVE E.</b>	22 NAME	
STREET ADDRESS	<b>6566 N.W. 13TH COURT</b>	23 STREET ADDRESS	
CITY, ST, ZIP	<b>PLANTATION FL</b>	24 CITY, ST, ZIP	
TITLE	<b>PD</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SVENSSON, LARS G.</b>	32 NAME	
STREET ADDRESS	<b>3935 N.W. 38TH TERR</b>	33 STREET ADDRESS	
CITY, ST, ZIP	<b>LAUDERDALE LAKES FL</b>	34 CITY, ST, ZIP	
TITLE	<b>VD</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARSDOTTER, ANNA-LISA</b>	42 NAME	
STREET ADDRESS	<b>8029 N.W. 51ST COURT</b>	43 STREET ADDRESS	
CITY, ST, ZIP	<b>LAUDERHILL FL</b>	44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.02(9)(b), Florida Statutes. I further certify that the information included 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 192, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an addressee.

SIGNATURE: *Lars G. Svensson* **LARS G. SVENSSON, PRESIDENT** 4-24-95 305-791-3775  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number