

FILE NOW: FILING FEE IS \$61.25

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May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03368** (0)

1. Corporation Name
**THE NORWEGIAN AMERICAN CHAMBER OF COMMERCE, INC.
FLORIDA**

Principal Place of Business	Mailing Address
C/O JOHN O. STRICKROOT 100 S.E. 2ND ST., 17TH FL. MIAMI FL 33131 US	C/O JOHN O. STRICKROOT 100 S.E. 2ND ST., 17TH FL. MIAMI FL 33131 US

2. Principal Place of Business	2a. Mailing Address
21 C/O JOHN F. FOLEY	26 C/O JOHN F. FOLEY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 701 S.E. 24th St.	27 701 S.E. 24th St.
City & State	City & State
23 PORT LAUDERDALE, FL	28 PORT LAUDERDALE, FL
Zip	Zip
24 33316	29 33316
Country	Country
25 U.S.	30 U.S.

3. Date Incorporated or Qualified	05/31/1984	
4. FEI Number	Applied For	Not Applicable
NOT APPLICABLE		
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

~~STRICKROOT, JOHN O.~~
~~100 S.E. 2ND ST., 17TH FLOOR~~
~~175 NW 1ST AVE.~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name	JOHN F. FOLEY
82 Street Address (P.O. Box Number is Not Acceptable)	701 S.E. 24th St
83	C/O FELLER + COMPANY
84 City	PORT LAUDERDALE FL
85 Zip Code	33316

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE  **TREASURER JOHN F. FOLEY** 4/28/98


12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	EIKEVIK, BJARNE	
STREET ADDRESS	1290 E. COMMERCIAL BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KRUSE, STEIN	
STREET ADDRESS	600 CORPORATE DRIVE, SUITE 400	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FOLEY, JOHN F.	
STREET ADDRESS	701 S.E. 24TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DAHL, KAREN L	
STREET ADDRESS	PO BOX 273824 NA	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NORDH, NELS	
STREET ADDRESS	1050 CARIBBEAN WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MASVIDAL-VISSER MARIA	
STREET ADDRESS	421 MAYA AVE. (H)	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PD MARK CARROY
2.3 STREET ADDRESS	(Same address)
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VD John Rossekand
5.3 STREET ADDRESS	5255 N.W. 87th Ave, Ste. 101
5.4 CITY-ST-ZIP	Miami, FL 33178
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  4/28/98 954-505-3381

CR2E037 (10/97)