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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90016 031 \*\*\*\*61.25

**DOCUMENT # N03368**

1. Corporation Name

**THE NORWEGIAN AMERICAN CHAMBER OF COMMERCE, INC.  
FLORIDA**

Principal Place of Business

C/O JOHN F FLOEY  
701 SE 24TH STREET  
FORT LAUDERDALE FL 33316  
US

Mailing Address

C/O JOHN F FOLEY  
701 SE 24TH STREET  
FORT LAUDERDALE FL 33316  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

05/31/1984

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

FOLEY, JOHN F  
C/O ELLER & COMPANY  
701 SE 24TH STREET 24th Street  
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 701 SE 24th Street

84 City

FL

85 Zip Code

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

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 D ☐ DELETE

NAME EIKEVIK, BJARNE  
STREET ADDRESS 1290 E. COMMERCIAL BLVD  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE PD ☒ DELETE

NAME CONROY, MARK  
STREET ADDRESS 600 CORPORATE DRIVE, SUITE 400  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE TD ☐ DELETE

NAME FOLEY, JOHN F.  
STREET ADDRESS 701 S.E. 24TH STREET  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE SD ☒ DELETE

NAME DAHL, KAREN L  
STREET ADDRESS PO BOX 273824 NA  
CITY-ST-ZIP BOCA RATON FL

TITLE VD ☒ DELETE

NAME ROSSELAND, JOHN  
STREET ADDRESS 5255 NW 87TH AVENUE SUITE #101  
CITY-ST-ZIP MIAMI FL 33178

TITLE VD ☒ 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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD

Novacek, Arthur C.

701 SE 24th Street

Ft. Lauderdale, FL 33316

D

Osteig, Asbjorn H.

8269 NW 36th Street

Ft. Lauderdale, FL 33351

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, with all other like empowered.

SIGNATURE:

John F. Foley

4/29/99

(954) 525-3381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)