


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000000412 (7)**  
1. Corporation Name  
**SWEDISH WOMEN'S EDUCATIONAL ASSOCIATION INTERNATIONAL, INC., SOUTH FLORIDA CHAPTER**



Principal Place of Business <b>1420 OCEAN WAY S250 JUPITER FL 33477 US</b>	Mailing Address <b>1534 SE 12 COURT DEERFIELD BEACH FL 33441</b>
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3. Date Incorporated or Qualified <b>02/01/1993</b>	
4. FEI Number <b>65-0413919</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b> <b>21659 Abington Ct</b>		
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>		
City & State <b>23</b>	City & State <b>28</b> <b>Boca Raton, FL</b>		
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b> <b>33428</b>	Country <b>30</b> <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**AZZARA, PIA  
1534 S.W. 12 COURT  
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent

81 Name <b>BEG, VERONICA</b>		
82 Street Address (P.O. Box Number is Not Acceptable) <b>21659 Abington Ct</b>		
83		
84 City <b>Boca Raton</b>	85 State <b>FL</b>	Zip Code <b>33428</b>

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 *Veronica Beg* **VERONICA BEG, President SWEA South Florida** **4/7/98**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>AZZARA, PIA</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME <b>BEG, VERONICA</b>	
STREET ADDRESS		1.3 STREET ADDRESS <b>21659 ABINGTON CT</b>	
CITY-ST-ZIP		1.4 CITY-ST-ZIP <b>BOCA RATON, FL 33428</b>	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME <b>EVA HALL</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>267 NEPTUNE AVE.</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>LAUDERDALE-BY-THE-SEA, FL 33308</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME <b>ULLA GRAY</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>517 DOTTEREL RD, 30D</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>DELRAY BEACH, FL 33444</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Ulla T. Gray* **ULLA T. GRAY** **4/7/98** **561 297-3760**

CR2E037 (10/97)