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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P10697

(1)

SCANDINAVIAN CONTAINER SERVICES INC.

Principal Place	of Business	Mailing Address	Mailing Address			I SKRIJORA ADI TORAL ARAKA KINID ADIIN IDII	I III (I IIII II III		
4500 BISCAYNE P.O. BOX 0771 MIAMI FL 3313	E BLV STE 345(33197) 7-7771	P.O. BOX 53-0766 MIAMI SHORES FL 33 US	P.O. BOX 53-0766 MIAMI SHORES FL 33153-0766						
						3. Date Incorporated or Qualified			eport
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			plied For
21		26				59-2650509			t Applicable
Suite, Apt. #	#, etc.	Suite Apt. #, etc.	Suite Apt. #, etc.			5. Certificate of Status Desired Fee Required			
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23	Country	28	Cou	intry					
24	25 29 30			•		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes \times \text{X} Yes \square \text{No} No			
	9. Name and Address of Curr	······································		<u> </u>		10. Name and Address of New Re	gistered A	gent	
UNIT	TED STATES CORPORATION	COMPANY		81	Name ED	IK MARGARD			
1201 HAYES ST.				82		ss (P.O. Box Number is Not Acceptat	ole)		
STE.	. 105		4500 i			iscayne Boulevar	ď		
TALL			83	Suite	345				
			84	City Florid		FL	85 Zip (Code 1137	
11. Pursuant l	o the ordivisions of Sections 60710	0502 and 607.1508. Florida St	tatutes, the a	bove	-named corpo	ration submits this statement for the r	ourpose of c	hanging it	s registered
office or re	egintered agent or both, in the Standard with the standard south according to	ate of Florida. Such change w	vas authorize	d by	the corporatio	ration submits this statement for the p n's board of directors. I hereby acce	of the appoi	ntment as	registered
	Core to Trucked	PREHIEW	C Contract State	iuius.	•	0	2/17/	97	
SIGNATURE	Signar ve hypeo or princed name of digistern	<i>A -1</i>		d Agen	il signature required	when reinstaling)	DATE		
12.	OF CERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND I	DIRECTOR!	S IN 12
TITLE	PD	☐ DELETE	1.1 79	ITLE				Change	Addition
NAME	MARGARD, ERIK		1,2 N	AME					
STREET ADDRESS	1491 N.E. 102ND ST.		1,3 \$1	TREET A	ADDRESS				
CITY-\$1-7(P	MIAMI SHORES FL			ITY-ST	- ZIP				
TITLE		□ DELETE	2.1 71	ITLE			ι	Change	L. Addition
NAME			2.2 N	AME					
STREET ADDRESS			2.3 S	TREET	ADDRESS	* 4			
CITY+ST+ZIP		DEFETE		HTY-SI	T-ZIP	 		Change	Addition
TITLE		L DELETE				•	L	Change	Addition
NAM5			3.2 N						
STREET ADDRESS			- 6		ADDRESS				
CHY-ST-ZIP TITLE	The second secon	DELETE		HY-SI	I - ZIP		T	Change	Addition
NAME		July Occurs	4.2 6			•	L	Olithigo	riddition
STREET ADDRESS					ADDRESS				
CHTY-S1-7IP			1	ITY-ST					
Titte	A STATE OF THE STATE OF THE STATE OF ST	DELETE			-217		<u></u>	Change	Addition
NAVE		_	5.2 N				_		
STREET ADDRESS					ADDRESS				
CITY-S1-ZIP				ITY-ST					
TITLE	1 1 1 1 1 1 1	DELETE					[Change	Addition
NAME			6.2 N	AME			_	•	
STREET ADDRESS			6.3 S	TREET A	ADDRESS				
CITY - ST - ZIP	M	•	6.4 C	ITY-ST	- ZIP				
14. I do hereti	y certify that the information supp	fied with this filling does not c	qualify for the	even	notion stated	n Section 119.07(3)(i), Florida Statute ny signature shall have the same lega	s. I further	ertify that	the
Lam an of	ficer or director of the comporation	or the beceiver or trustee em , or the beceiver or trustee em , or the an altachment with an	ipowered to e	execu execu	te this report	ny signature shall have the same lega as required by Chapter 607, Florida 8	itatutes; and	that my n	ame

ERIK MARGARD, DIRECTOR

TED NAME OF SIGNING OFFICER OF DIRECTOR

FEBRUARY 10, 1997

305-381-6300