

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/04/95--01020--016
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P34579

(3)

1. Corporation Name

SCAND-AMERICA TOURS, INC.

Principal Place of Business

100 CLEVELAND ST
1615
CLEARWATER FL 34615
US

Mailing Address

1100 CLEVELAND ST
1615
CLEARWATER FL 34615
US

2. Principal Place of Business

21 1100 CLEVELAND ST.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 1615

Suite, Apt. #, etc.

27

City & State

23 CLEARWATER, FLORIDA

City & State

28

Zip

24 34615

Country

25 USA

Zip

29

Country

30

3. Date Incorporated or Qualified

06/27/1991

3a. Date of Last Report

08/10/1994

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FISKAA, IVAR
2040 WINDING OAKS DR
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed in printed name of registered agent and 1995 fee

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PCD
FISKAA, IVAR
2040 WINDING OAKS DR.
PALM HARBOR FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VD
OSTENSEN, TERJE
DRONNINGENS GT. 16
KRISTIANSAND, NORWAY

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VD
SANDNES, OLAV
303 VETERANS BLVD.
CARLSTADT NJ

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Ivar Fiskaa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 813-447-8687