

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:28

DOCUMENT # P36419

(0)

1. Corporation Name

FLORIDAFASTIGHETER AKTIEBOLAG, INC.

Principal Place of Business

1541 PORT ST. LUCIE BLVD.
SUITE A
PORT ST. LUCIE FL 34952

Mailing Address

1541 PORT ST. LUCIE BLVD.
SUITE A
PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/25/1991

3a. Date of Last Report

03/25/1994

4. FEI Number

98-0112440

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VESTERLUND, STIG
1541 S.E. PORT ST LUCIE BLVD
SUITE A
PORT ST. LUCIE FL 34952

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CPDT
NAME	VESTERLUND, STIG
STREET ADDRESS	FLYHAMNSVAGEN 24
CITY-ST-ZIP	SWDEN
TITLE	M
NAME	MECCA, JACK
STREET ADDRESS	2022 SE ALLAMANDA DR
CITY-ST-ZIP	PORT ST LUCIE FL
TITLE	VSCD
NAME	HJELM, IVAN
STREET ADDRESS	NEDRE SLOTTSGATAN 6
CITY-ST-ZIP	752 20 UPPSALA
TITLE	D
NAME	SELLSTEDT, ANDERS
STREET ADDRESS	BOX 77 N/A
CITY-ST-ZIP	760 49 HERRANG
TITLE	D
NAME	LARSSON, GORAN
STREET ADDRESS	BOX 77 N/A
CITY-ST-ZIP	760 49 HERRANG
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Mecca, Managing Director

1-19-95

335-4660