

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P93000001040 (3)**

1. Corporation Name  
**SCANDINAVIAN DESIGN & CONSTRUCTION, INC.**



Principal Place of Business  
**1310 NORTH "J" TERRACE  
LAKE WORTH FL 33460  
US**

Mailing Address  
**P O BOX 205  
LAKE WORTH FL 33460-0205  
US**

2. Principal Place of Business  
21 **1429 N "L" ST**  
Suite, Apt. #, etc.  
22  
City & State  
23 **LAKE WORTH FL**  
Zip  
24 **33460** Country  
25 **USA**

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

3. Date Incorporated or Qualified **01/06/1993** 3a. Date of Last Report **05/01/1995**

4. FEI Number **65-0378739** 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

**9. Name and Address of Current Registered Agent**

**MAKI, TOIVO J  
907 N 18 AVE  
LAKE WORTH FL 33460**

**10. Name and Address of New Registered Agent**

81 Name **MAKI TOIVO J.**  
82 Street Address (P.O. Box Number is Not Acceptable) **1429 NORTH "L" ST**  
83  
84 City **LAKE WORTH** FL 85 Zip Code **33460**

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 **TOIVO MAKI**  
Signature, typed or printed name of registered agent or director if applicable DATE **MAR 24, 1996**

**12. OFFICERS AND DIRECTORS**

TITLE **D**  DELETE  
NAME **MAKI, TOIVO J**  
STREET ADDRESS **1310 NORTH "J" TERRACE**  
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **VD**  DELETE  
NAME **KOIVUKANGAS, SIRKKA-LISA**  
STREET ADDRESS **315 7TH AVE SOUTH APT 3A**  
CITY-ST-ZIP **LAKE WORTH FL**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE **D**  Change  Addition  
1.2 NAME **MAKI, TOIVO J**  
1.3 STREET ADDRESS **1429 NORTH "L" ST**  
1.4 CITY-ST-ZIP **LAKE WORTH FL 33460**

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)(g), 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 **TOIVO MAKI** **MAR 24, 1996** (407) 582-0123  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)