

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

PROFIT 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 # P93000001040 (3)**  
 1. Corporation Name  
**SCANDINAVIAN DESIGN & CONSTRUCTION, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1429 N "L" STREET LAKE WORTH FL 33460 US</b>	Mailing Address <b>P O BOX 205 LAKE WORTH FL 33460-0205 US</b>
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3. Date Incorporated or Qualified <b>01/06/1993</b>	4. FEI Number <b>65-0378739</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 <b>3797 LAKEWOOD ROAD</b> Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
City & State 23 <b>LAKE WORTH FL</b>	City & State 27
Zip 24 <b>33461</b>	Country 25 <b>US</b>
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**MAKI, TOIVO J  
 1429 NORTH "L" STREET  
 LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent

81 Name <b>MAKI, TOIVO J.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3797 LAKEWOOD ROAD</b>
83
84 City <b>LAKE WORTH</b>
85 State <b>FL</b>
86 Zip Code <b>33461</b>

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]* **TOIVO MAKI** DATE: **APR 20, 1998**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAKI, TOIVO J</b>	1.2 NAME	<b>MAKI, TOIVO J</b>
STREET ADDRESS	<b>1429 NORTH "L" STREET</b>	1.3 STREET ADDRESS	<b>3797 LAKEWOOD ROAD</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	1.4 CITY-ST-ZIP	<b>LAKE WORTH, FL 33461</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOIVUKANGAS, SIRKKA-LISA</b>	2.2 NAME	
STREET ADDRESS	<b>315 7TH AVE SOUTH APT 3A</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 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]* **TOIVO MAKI PRES APR 20 1998 561-315-7240**

CR2E034 (10/97)