FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000027514 (7)

1. Corporation Name

VIKING PRODUCTS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
4332 W WATERS AVE STE. 104B TAMPA FL 33614 US	4332 W WATERS AVE STE. 104B TAMPA FL 33614 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29; Country — 25 / 30

3. Date Incorporated or Qualified: 04/12/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3182978 — [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired: X — $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	10. Name and Address of New Registered Agent
ERICKSON, DAN O 4332 W WATERS AVE SUITE 105 TAMPA FL 33614	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPT	11 TITLE [ ] Change [ ] Addition
NAME	ERICKSON, DAN O	12 NAME
STREET ADDRESS	5000 S HIMES AVE UNIT 332	13 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP
TITLE	S	21 TITLE [X] Change [ ] Addition
NAME	CARLSON, LOREN H	22 NAME REMOVE
STREET ADDRESS	204 WAVERLY WAY	23 STREET ADDRESS
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP
TITLE	D	31 TITLE [ ] Change [ ] Addition
NAME	TAYLOR, MARK A	32 NAME
STREET ADDRESS	11419 PALM PASTURE DR.	33 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP
TITLE		41 TITLE [ ] Change [ ] Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE		51 TITLE [ ] Change [ ] Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE		61 TITLE [ ] Change [ ] Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 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(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: Dan O. Erickson — 4-27-95 — 813-889-0218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #
DAN O. ERICKSON

0297376 CP