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
FILED
95 MAY -1 PM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000037004 (7)

1. Corporate Name
SCANDINAVIAN SPA COVERS INC.

Principal Place of Business
2716 JFORSYTH RD
STE 101
WINTER PK FL 32792
US

Mailing Address
2716 FORSYTH RD
STE 101
WINTER PK FL 32792
US

3. Date Incorporated or Qualified: 05/21/1993
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business
21 2716 FORSYTH RD.
Suite Apt. #
22 116
City & State
23 WINTER PARK, FL.
Zip
24 32792 25

2a. Mailing Address
26 2716 FORSYTH RD.
Suite Apt. #
27 116
City & State
28 WINTER PARK, FL.
Zip
29 32792 30

4. FEI Number: 59-3179218 — 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 authority to issue stock under S. 607.0202, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
FAZECAS, JULIANA
176 DALTON DR
OVIEDO FL 32765

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 section 607.0505, 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 and has authorized the undersigned officer or director to execute this statement. 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
P
FAZECAS, JULIANA
2716 FORSYTH RD STE 101
WINTER PK FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
☒ Change ☐ Add
PRESIDENT
FAZECAS JULIANA
2716 FORSYTH, RD. SUITE 116
WINTER PARK, FL. 32792

14. I hereby certify that the facts stated herein are true. I am familiar with the laws of Florida applicable to the filing of this report and affirm that the facts stated herein are true. I understand that the filing fee and any penalty due must be paid with this report.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.2692 (407)677-8663

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