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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P93000058785 (5)

1. Corporation Name

SCANPORT, INC.

Principal Place of Business	Mailing Address
% EURO-FLORIDA, INC. 1318 S.E. 47TH ST. CAPE CORAL, FL 33904	% EURO-FLORIDA, INC. 1318 S.E. 47TH ST. CAPE CORAL, FL 33904

3. Date Incorporated or Qualified: 08/23/1993
3a. Date of Last Report: 1996

2. Principal Place of Business	2a. Mailing Address
21 % EURO-FLORIDA, INC.	26 % EURO-FLORIDA, INC.
Suite, Apt. #, etc. 22 1503 S.E. 47TH TERRACE	Suite, Apt. #, etc. 27 P.O. BOX 1657
City & State 23 CAPE CORAL, FL	City & State 28 CAPE CORAL, FL
Zip / Country 24 33904 / 25 US	Zip / Country 29 33910-1657 / 30 US

4. FEI Number: 65-0467567 ☐ 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

BUTLER, GAREY F.
HUMPHREY & KNOTT PA
1625 HENDRY ST., SUITE 301
FORT MYERS, FL 33901

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 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 _____ DATE
(Signature required if printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	ENELL, AKE		1.2 NAME	ENELL, AKE	
STREET ADDRESS	1323 LAFAYETTE ST., SUITE H		1.3 STREET ADDRESS	P.O. BOX 1657 N/A	
CITY-ST-ZIP	CAPE CORAL, FL 33904		1.4 CITY-ST-ZIP	CAPE CORAL, FL 33910-1657	
TITLE	S	☐ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	OSTLUND, HUGO		2.2 NAME	OSTLUND, HUGO	
STREET ADDRESS	1323 LAFAYETTE ST., SUITE H		2.3 STREET ADDRESS	P. O. BOX 1657 N/A	
CITY-ST-ZIP	CAPE CORAL, FL 33904		2.4 CITY-ST-ZIP	CAPE CORAL, FL 33910-1657	
TITLE	T	☐ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	DAHLQVIST, TAGE		3.2 NAME	DAHLQVIST, TAGE	
STREET ADDRESS	1323 LAFAYETTE ST., SUITE H		3.3 STREET ADDRESS	P. O. BOX 1657 N/A	
CITY-ST-ZIP	CAPE CORAL, FL 33904		3.4 CITY-ST-ZIP	CAPE CORAL, FL 33910-1657	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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14. I do 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: Tage Dahlqvist 4-16-97 (941) 549-3101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #