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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P9300066486 (0)

SVEIN O. FJELDBERG, INC.

Principal Place of Business
418 WAYFARER COURT
TARPON SPRINGS FL 34689

Mailing Address

418 WAYFARER COURT TARPON SPRINGS FL 34689-2252

FILED Apr 24 1997 8:00am Secretary of State



7										
						3. Date Incorporated or Qualified 09/16/1993	d 3a. Date of Last Report 05/20/1996			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	1	· · · · · · · · · · · · · · · · · · ·	plied For		
21		26			59-3203746		· · · · · · ·	t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			E Cartificate of Ctatus Desired		\$8.75	Additional		
22		27	27			5. Certificate of Status Desired			quired	
City & Stat	Ð	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added		
Zip	Country	Zip	Co	untry		8. This corporation has liability for in	tangible ta	k under s	. 199.032,	
24	25	29	30				Yes 🔲		,	
	9. Name and Address of Curren	t Registered Agent		81 N		10. Name and Address of New Reg	istered Ag	ent		
FJELDBERG, ARNIE D					ame					
418 WAYFARER COURT					hhA lear	ress (P.O. Box Number is Not Acceptable	0)			
TAR			82 St		1000 (1.10. Dox (10) Ibol 16 (10) Acceptable	0)				
				83			•• •• •• •• •• •• •• •• •• •• •• •• ••		-	
				24						
				84 Ci	ty		FL	B5 Zip (Code	
11. Pursuant	to the provisions of Sections 607,050;	2 and 607.1508, Florida Statut	les, the a	above-na	med cor	poration submits this statement for the pution's board of directors. I hereby accept	rpose of cl	angino it	s realstered	
office or r	egislered agent, or both, in the State im <u>famili</u> ar with, and accept the obliga	of Florida. Such change was a stions of Section 607 0505. Fit	authorize orida Sta	ed by the	corpora	tion's board of directors. I hereby accept	the appoin	tmont as	registered	
· · ·			Ontia Sie	iloles.						
SIGNATURE (Signature, typod or printed name of ugistered ager	nt and title it splicable (NO)	E: Registere	ed Agent sig	nature requi	red when re-installing)	DATE			
12.	OFFICERS AND		13.		·	ADDITIONS/CHANGES TO OFFICE		RECTOR	\$ IN 12	
TITLE	VS	☐ DELETE	111	ITLE	``			Change	Addition	
NAME	FJELDBERG, ARNIE D		1.2 N	IAME				•		
STREET ADDRESS	418 WAYFARER COURT TARPON SPRINGS FL 34689		1.3 S	1.3 STREET ADDRESS						
CITY-ST-ZIP			- 6	1.4 CITY - \$1 - ZIP						
TITLE	Pİ	☐ DELĒTE	2.1 1					Change	Addition	
NAME	fjeldberg, svein o		2.2 N	IAME				. •		
STREET ADDRESS	418 WAYFARER COURT			2.3 STREET ADDRESS						
CITY-ST-ZIP	TARPON SPRINGS FL 34689		2.40		· · · · · · · · · · · · · · · · · · ·					
TITLE		DILETE	3.1 T					Change	Addition	
NAME			3.2 N	IAME			b	, onango		
STREET ADDRESS				TREET AUDR	202					
CITY-ST-ZIP				CITY-ST-ZIF	1					
TITLE	18/	DELETE	4.1 T		-			Change	Addition	
NAME			4.21				<u> </u>	Change	Addition	
STREET ADDRESS				VAIVIL TREET ADDE	.00					
CITY-ST-ZIP					133					
TITLE		DELETE	5.1 1	ITY-ST- <i>Z</i> IP				Change	Addition	
NAME		P. Decert	5.2 N				<u> </u>	change		
STREET ADDRESS	٠.		1	•	505				ļ	
				TREFT ADDR	185				ĺ	
CITY-ST-ZIP TITLE		- Driete		11Y-ST-ZIP				0		
		L DELETE	6.171		1			Change	☐ Addition	
NAME			6.2 N		-					
STREET ADDRESS				TREET ADDR	ESS					
CITY-ST-ZIP			640	ITY-ST-ZIP					ĺ	

4. 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.