

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000053738 (8)**

1. Corporation Name
NORWEGIAN WOODCRAFT INC.



Principal Place of Business
**1421 SW 1ST AVE.
SUITE 607
FT. LAUDERDALE FL 33315
US**

Mailing Address
**1600 S.E. 15TH ST. 716 SE 1ST STREET
SUITE 607 FT. LAUDERDALE, FL
FT. LAUDERDALE FL 33316 33301**

3. Date Incorporated or Qualified 07/20/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0514673	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**AREL, MICHAEL
1600 S.E. 15TH ST #607
FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name **YVONNE S. GUGEL**

82 Street Address (P.O. Box Number is Not Acceptable)
1 HARBOURSIDE DR. #4701

83

84 City **DELRAY BEACH** FL 85 Zip Code **33483**

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: *Yvonne S. Gugel* **YVONNE S. GUGEL** **3-3-96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SKOGLUND, GUNNBJORN	
STREET ADDRESS	642 IBIS DRIVE	
CITY, ST, ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AREL, MICHAEL	
STREET ADDRESS	1600 S.E. 15TH ST., STE. 607	
CITY, ST, ZIP	FT. LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CFO
2.3 STREET ADDRESS	NORA M. GUGEL
2.4 CITY, ST, ZIP	110 S.E. 11TH AVENUE
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SEC/TREAS
3.3 STREET ADDRESS	YVONNE S. GUGEL
3.4 CITY, ST, ZIP	1 HARBOURSIDE DR. #4701
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DELRAY BEACH, FL 33483
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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(3)(k), 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: *Yvonne S. Gugel* **YVONNE S. GUGEL** **3-3-96** **954-525-3205**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TEL. PHONE NO.

CR2E034 (12/95)