FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000080924 (1)**

1. Corporation Name

NORDSTAMP INC.

Principal Place of Business	Mailing Address
608 BANYAN TRAIL STE. 113 BOCA RATON FL 33431	608 BANYAN TRAIL STE. 113 BOCA RATON FL 33431

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

3. Date Incorporated or Qualified **11/03/1994**	3a. Date of Last Report **10/30/1995**
4. FEI Number **65-0533556**	☐ 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**

ROOT, JONATHAN S
301 YAMATO ROAD
SUITE 3101
BOCA RATON FL 33431

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	ANDERSSON, TOM		12 NAME
STREET ADDRESS	1035 S FEDERAL HWY, APT 407		13 STREET ADDRESS
CITY-ST-ZIP	DELRAY BEACH FL 33483		14 CITY-ST-ZIP
TITLE	D	☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME	WESTLING, ANN-KAISA		22 NAME
STREET ADDRESS	1035 S FEDERAL HWY, APT 407		23 STREET ADDRESS
CITY-ST-ZIP	DELRAY BEACH FL 33483		24 CITY-ST-ZIP
TITLE		☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME			32 NAME
STREET ADDRESS			33 STREET ADDRESS
CITY-ST-ZIP			34 CITY-ST-ZIP
TITLE		☐ DELETE	41 TITLE ☐ Change ☐ Addition
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP
TITLE		☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE		☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

CR2E034 (12/95)

14. I do hereby certify that the information indicated on this report or supplemental 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 added to the report with an address.

SIGNATURE: _____ 1-31-96 (407)997 0095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #