

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 # **P95000052785 (9)**

1. Corporation Name

SCANDINAVIAN BOILER SERVICE, INC.



Principal Place of Business

Mailing Address

**9511 BELAIRE DRIVE
MIRAMAR FL 33025**

**9511 BELAIRE DRIVE
MIRAMAR FL 33025**

3. Date Incorporated or Qualified

07/10/1995

3a. Date of Last Report

2. Principal Place of Business

21 3200 S. ANDREWS AVE

2a. Mailing Address

26 3200 S. ANDREWS AVE

Suite, Apt. #, etc.

22 SUITE 204

Suite, Apt. #, etc.

27 SUITE 204

City & State

23 FT. LAUDERDALE, FL

City & State

28 FT. LAUDERDALE, FL

Zip

24 33316

Country

25 USA

Zip

29 33316

Country

30 USA

4. FEI Number

65-0598375

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

**NIELSEN, KEN E
9511 BELAIRE DRIVE
MIRAMAR FL 33025**

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

(Signature required for the registered agent and the corporation)

(Signature required for the registered agent and the corporation)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

**NAME
PD
NIELSEN, KEN E
9511 BELAIRE DRIVE
MIRAMAR FL 33025**

2.1 TITLE ☐ DELETE

**NAME
SD
BRIXEN, HENRIK
703 GARDENS DR. #202
POMPANO BEACH FL 33069**

3.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

7.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I 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 person 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 immediately thereafter with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day, Time Phone #

CR2E034 (12/95)