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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000052785

SCANDINAVIAN BOILER SERVICE, INC.

SCANDIN	AVIAN BOILEN SERVICE, I	1140.					
Principal Place	of Business	Mailing Address			, , , , , , , , , , , , , , , , , , , ,		
3200 S ANDREW		3200 S ANDREWS AVE					
STE 204					DO NOT WRITE	N THIS SPACE	
FT LAUDERDALE FL 33316 FT LAUDERDAL		FT LAUDERDALE FL 33316	RDALE FL 33316		3. Date Incorporated or Qualifed		
US		US			07/10/1995		
		1 a 14 () Add			4. FEI Number	Appl	ied For . :
2. Principal Pla	ace of Business	2a. Mailing Address			65-0598375	Not	Applicable
21		26 Cuite Ant # ato				\$8.75 AC	ditional
Suite, Apt. #	‡, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired L	Fee Req	uired
22		City & State		<u> </u>	6. Election Campaign Financing	¬ \$5.00 N	May Be
City & State	•	├ ¬ ′			Trust Fund Contribution	Added to	
23		Zip	Co	untry	8. This corporation owes the current	year Intangible	
Zip	Country	<u></u>	30	,	Personal Property Tax.	∐ Yes _ L	□No
24	25	29 Agent	[30]		10. Name and Address of New Reg	istered Agent	
	9. Name and Address of Currer	nt Registered Agent		81 Name			
MIEI	CEN KEN F				- Net Acceptable	<u>, </u>	
NIELSEN, KEN E 9511 BELAIRE DRIVE				82 Street Add	ress (P.O. Box Number is Not Acceptable	3) 	
MIRAMAR FL 33025			83	7 4 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	THE PART OF LEASE STATE	\$X \$1 (\$5)	
				M. B. Callandia		4.18% (\$2)	
				84 City		FL 85 Zip C	ode
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Sta	atutes.	poration submits this statement for the puion's board of directors. I hereby accept to the puick of the puick	DATE	
	Signature, typed or printed name of registered age	ND DIRECTORS	13		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	RS IN 12
12.		DELETE		TITLE	A SECTION OF THE PROPERTY OF T	Change	☐ Addition
TITLE	PD		12	NAME			
NAME	nielsen, ken e 9511 belaire drive			·			· {
STREET ADDRESS			13	STREET ADORESS			·
CITY-ST-ZIP				STREET ADORESS			,
	MIRAMAR FL 33025	□ DELETE	1.4	CITY-ST-ZIP	·	☐ Change	Addition
TITLE	SD	☐ DELETE	1.4	CITY-ST-ZIP		☐ Change	. Addition
NAME	SD BRIXEN, HENRIK	☐ DELETE	1.4 2.1 2.2	CITY-ST-ZIP TITLE NAME		☐ Change	Addition
	SD BRIXEN, HENRIK 703 GARDENS DR. #202	☐ DELETE	1.4 2.1 2.2 2.3	CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Change	Addition
NAME	SD BRIXEN, HENRIK		1.4 2.1 2.2 2.3 2.4	CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP		☐ Change	Addition
NAME STREET ADDRESS	SD BRIXEN, HENRIK 703 GARDENS DR. #202	☐ DELETE	1.4 2.1 2.2 2.3 2.4 3.1	CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP TITLE		· · ·	
NAME STREET ADDRESS CITY-ST-ZIP	SD BRIXEN, HENRIK 703 GARDENS DR. #202		1.4 2.1 2.2 2.3 2.4 3.1 3.2	CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP TITLE NAME		· · ·	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	SD BRIXEN, HENRIK 703 GARDENS DR. #202 POMPANO BEACH FL 33069		1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3	CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP TITLE NAME STREET ADDRESS		· · ·	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SD BRIXEN, HENRIK 703 GARDENS DR. #202 POMPANO BEACH FL 33069	☐ DELETE	1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4	CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP TITLE NAME STREET ADDRESS L CITY-ST-ZIP	44 1 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Change	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRIXEN, HENRIK 703 GARDENS DR. #202 POMPANO BEACH FL 33069	☐ DELETE	1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1	CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP TITLE NAME 8 STREET ADDRESS 1. CITY-ST-ZIP TITLE 2 NAME	All 1 1 2 3	Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRIXEN, HENRIK 703 GARDENS DR. #202 POMPANO BEACH FL 33069	☐ DELETE	1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.3 4.5 5.5	CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP TITLE NAME 8 STREET ADDRESS 1. CITY-ST-ZIP TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 1 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME	44 1 1 2 3 1 4 2 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1	☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	SD BRIXEN, HENRIK 703 GARDENS DR. #202 POMPANO BEACH FL 33069	☐ DELETE	1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.5 5.5 5.5	CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP TITLE NAME 8 STREET ADDRESS 1. CITY-ST-ZIP TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 5 STREET ADDRESS 6 STREET ADDRESS 7 STREET ADDRESS 7 STREET ADDRESS	44 1 1 2 3 1 4 2 1 1 2 3 1 1 1 2 3 1 1 1 2 3 1 1 1 1 1	☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SD BRIXEN, HENRIK 703 GARDENS DR. #202 POMPANO BEACH FL 33069	☐ DELETE	1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.3 4.5 5.5 5.5	CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP TITLE NAME 8 STREET ADDRESS 1. CITY-ST-ZIP TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	44 (1 × 13°)	☐ Change ☐ Change	Addition Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SD BRIXEN, HENRIK 703 GARDENS DR. #202 POMPANO BEACH FL 33069	☐ DELETE	1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.5 5.6 5.6 6.6	CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP TITLE NAME 8 STREET ADDRESS 1. CITY-ST-ZIP TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE	44 (1 × 13°)	☐ Change	Addition Addition
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14. I 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, with all other like empowered.

SIGNATURE: