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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000083348 (8)

AUTOFLAME SCANDANAVIA, INC.

**FILED** Jun 02 1998 8:00am Secretary of State

				: 10011001 ILL (1818 1818 1818 1818 1818 1818 1818 1	
Cipal Place of Business Mailing Address					
489 TOTH AVE W P.O. BOX 520					
SUITE FOR PALMETTO FL 34220 PALMETTO FL 34221				DO NOT WRITE IN THIS SPACE	
PAUMETTOF	L 34621			3. Date Incorporated or Qualified	
				10/09/1996	
L	Place of Businoss	2a. Mailing Address		4. FEI Number 54 - 345 3493 Applied For	г
21		26	·	APPLIED FOR Not Applica	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	ı j
Çity & Stat	<u> </u>	City & State	<u>- — — — — — — — — — — — — — — — — — — —</u>	Fee Required	
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangial	
24	25	29	30	Personal Property Tax due June 30. Yes No	$\boldsymbol{\nu}$
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registered Agent	
MC	CKINNEY, S. KEITH JR		81 Nan	ame	
605 - 75TH AVE				reet Address (P.O. Box Number is Not Acceptable)	
ST. PETERSBURG BEACH FL 33706					
			83		
	•		84 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-nam	med cornoration submits this statement for the nurpose of changing its register	red
office or r agent. La	e <b>gistered</b> agent, or both, in the State i <b>m famili</b> ar with, and accept the obliga	of Florida. Such change was al ations of, Section 607.0505, Flor	uthorized by the c rida Statutes.	corporation's board of directors. I hereby accept the appointment as registere	id
SIGNATURE	, ,				
	Signature, typed or printed name of registered age			nature required when reinstating} DATE	
12.	OFFICERS AND	D DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	lion
NAME	ROSVALL, DICK K	שַׁן מכננונ	1.1 TITLE	19	ILION
STREET ADDRESS	P.O. BOX 520 N/A		1.3 STREET ADDRES	Leif Dahl	
CITY-ST-ZIP	PALMETTO FL 34220		1.3 STATE FADURES	14. P. 1500 3. T 10. 1	
TITLE	There,	DELETE	2/ TITLE	Change Addi	ition
NAME	Macey N. Mm	bery /	2.2 NAME	Stacey H. Limberg 40	1
STREET ADDRESS	4403-17 to 5%.	· E . #8	2.3 STREET ADDRES	iess that -7 th St. 'C. "	
CITY-ST-ZIP	Ellenion, FL	34222	2.4.CH - S1-2IP		
TITLE	loif Dahl	DELETE	B.P. ILE	Change Addi	ition
NAME	PO BOX 520		3.2 NAME		
STREET ADDRESS	SUPUL TO	1/200 1/4	3.3 STREET ADDRES		
CITY-ST-ZIP TITLE	Hometro, He 3	□ DELETE	3.4. CITY - ST - 7IP		ition
NAME		ר שי מיניניונ	4.1 TITLE	Change L Addi	(IDI)
STREET ADDRESS			4.2 NAME	iree i	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	i	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addii	ition
NAME		_	5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRES	IESS	
CITY-ST-ZIP	,		5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE	☐ Change ☐ Addil	ition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRES	ÆSS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I hereby of indicated	:ertify that the information supplied wi on this annual report or supplementa	ith this filing does not qualify for it annual report is true and accu	r the exemption st trate and that my	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information y signature shall have the same legal effect as if made under eath; that I am an	ion
officer or director of the corporation of 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.					