

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000013258 (3)
1. Corporation Name
VIKING CLASSICS, INC.

Principal Place of Business
1870 WHITFIELD PARK AVE
SARASOTA FL 34243

Mailing Address
P O BOX 836
SARASOTA FL 34236



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business STORAGE USA 2253 WASHINGTON BLVD Suite, Apt. #, etc. # 16-8 City & State SARASOTA FL Zip 34234 Country USA		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Incorporated or Qualified 02/10/1997	
21. 2253 WASHINGTON BLVD		26. Suite, Apt. #, etc.		4. FEI Number 59-3435469	
22. # 16-8		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. SARASOTA FL		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. 34234		29. Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. USA		30. Country			

9. Name and Address of Current Registered Agent IVARSSON, CHERI J 4431 SPAHN ST SARASOTA FL 34232				10. Name and Address of New Registered Agent			
				81. Name IVARSSON Cheri J.			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. 3218 PATTON ST			
				84. City SARASOTA FL 85. Zip Code 34235			

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, typed or printed name of registered agent and title if applicable

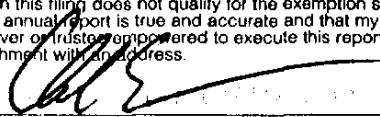
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D			1.1 TITLE	D		
NAME	IVARSSON, C. LENNART			1.2 NAME	IVARSSON, C. LENNART		
STREET ADDRESS	4431 SPAHN ST			1.3 STREET ADDRESS	3218 PATTON ST.		
CITY-ST-ZIP	SARASOTA FL 34243			1.4 CITY-ST-ZIP	SARASOTA, FL 34235		
TITLE	D			2.1 TITLE	D		
NAME	IVARSSON, CHERI J			2.2 NAME	IVARSSON CHERI J.		
STREET ADDRESS	4431 SPAHN ST			2.3 STREET ADDRESS	3218 PATTON ST		
CITY-ST-ZIP	SARASOTA FL 34232			2.4 CITY-ST-ZIP	SARASOTA FL 34235		
TITLE				3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE:



4-28-98

CR2E034 (10/97)