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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000013258**

1. Corporation Name

VIKING CLASSICS, INC.

Mailing Address		
P O BOX 636 SARASOTA FL 34236		
2a. Mailing Address		

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90087 014 ***150.00

|--|--|--|

Suite, Apt. : 22 City & State	34234 ace of Business #, etc.	P O BOX 636 SARASOTA FL 34236 2a. Mailing Address 25	32	29	DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 02/10/1997 4. FEI Number 59-3435469 5. Certificate of Status Desired	\$8.75 Fee F	pplied For lot Applicable Additional Required		
Zip	Country	Zip SARASOTA	Country		8. This corporation owes the current year Inte		1.01.003		
24	25	29 34230 30	•		Personal Property Tax.	☐Yes	□No		
	9. Name and Address of Curren				10. Name and Address of New Registered	Agent			
3218	SSON, CHERI J PATTON ST. ASOTA FL 34235		81 82 83		ddress (P.O. Box Number is Not Acceptable)	85 Zip	o 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, typed or printed name of registered ager			nt signature req	uired when reinstating) DATE				
12.			13.		ADDITIONS/CHANGES TO OFFICERS AN				
TITLE	D CONTRACT		1.1 TITLE	1		Change	: L'Addition		
NAME	IVARSSON, C. LENNART		1.2 NAME				į		
STREET ADDRESS	3218 PATTON ST. SARASOTA FL 34235			T ADDRESS					
CITY-ST-ZIP	D		1.4 CITY-S 2.1 TITLE	I-ZIP		[] Change	Addition		
TITLE	IVARSSON, CHERI J	_	2.2 NAME			<u></u>	_		
NAME STREET ADDRESS	3218 PATTON ST.			T ADDRESS			Ţ		
	SARASOTA FL 34235		2.4 CITY-S						
CITY-ST-ZIP	ON WOOTH TE OTESS		3.1 TITLE	-		Change	Addition		
NAME			3.2 NAME						
STREET ADDRESS		<u> </u>	3.3 STREE	TADDRESS			}		
CITY-ST-ZIP			3.4. CITY-5	T-ZIP					
TITLE	-	☐ DELETE	4.1 TITLE			☐ Change	e ☐ Addition		
NAME			4. 2 NAME						
STREET ADDRESS		1	4.3 STREE	TADDRESS			ì		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE			5.1 TITLE			☐ Change	e 🗌 Addition		
NAME			5.2 NAME						
STREET ADDRESS				ADDRESS	•		}		
CITY-ST-ZIP	·		5.4 CITY-S	T-ZIP		□ Cb	Addition		
TITLE		bccc.c	6.1 TITLE		•	☐ Change	, Prominou		
NAME			6.2 NAME				}		
STREET ADDRESS		1	6.3 STREE	TADDRESS			ì		

CITY-ST-ZIP 3-4 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 attacking twith an address with all other like empowered.

6.4 C/TY-ST-Z/P

SIGNATURE: