Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90125 030 ***150.00

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 # **S52590**

1. Corporation Name

TEE NO. 2, INC.

Principal Place of Business Mailing Address								a idinilitit imi briim iluni arein iniits bärs	11861 BIBIT BIBIS	##### WII	911 61911 1681		
ONE SE THIRD AVE. 15TH FLOOR 15TH			E SE THIRD AVE. H FLOOR MI FL 33131					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed OF 1921001					
: Nation Address								05/13/1991 4. FEI Number	$\overline{}$	T App	lied For		
2. Principal Pl	I Place of Business 2a. Mailing Address							1 "	F	+ ''	Applicable		
21 26 Suite Ant # ofe								\$8.75 Additional					
Suite, Apt. #, etc. Suite, Apt. #, etc. 22					<u> </u>			5. Certifcate of Status Desired	*	Fee Required			
City & State , City & State								6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
23) Zip					Country			8. This corporation owes the current year Intangible					
_	25 29 30				,			Personal Property Tax.					
24 25 29 3 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered A								
3. Hallie and Address of Current Neglistered Agent													
WEID	DER, NORMAN S., ESQ.												
SUITE 3910					82	Stree	et Addre	ess (P.O. Box Number is Not Acceptable)					
	S.E. 2ND ST.				83								
	/II FL 33131-9112				Ш	L				7: 0			
	,				84	City			FL 85	Zip C	ode		
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													
Signature, typed or printed name of registered agent and title if applicable. (NOTE:										CTO	OS IN 12		
12.	OFFICERS AND DIRECTORS DELETE				13. 1.1 TITLE		\neg	ADDITIONS/CHANGES TO OFFICER	Cha		Addition		
TITLE					1.2 NAME								
NAME	LARSSON, HANS			1							,		
STREET ADDRESS S 111 46 STOCKHOLM					1.3 STREET ADDRES								
CITY-ST-ZIP	SWEDEN SW				1.4 CITY-ST-ZIP 2.1 TITLE				Cha	ange	Addition		
TITLE .	Vro -				2.1 ITLE 2.2 NAME					y -	- 1		
	NAME BRANT, BARRY												
STREET ADDRESS C/O BDP, 1 SE 3RD AVE, 15TH FL					2.3 STREET ADDRES - 2.4 CITY-ST-ZIP								
CITY-ST-ZIP	MIAMI FL		□ DELETE	_		ST-ZIP	+-		□ Ch:	ange ·	Addition		
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NAME (- 1									
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NAME				4. 2 NAME									
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TITLE .		•	□ nereie	6.2 N									
NAME	',			Q.Z IV	404.		1						

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 attagment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

305-379-7000