

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S89943** (2)

1. Corporation Name

SCANDINAVIA INVEST, INC.



Principal Place of Business

Mailing Address

~~324 W. PINE STREET #15~~
LANTANA FL 33462

~~324 W. PINE STREET #15~~
LANTANA FL 33462

2. Principal Place of Business

21 **531 S. Lakeside Dr.**

Suite, Apt. #, etc.

22 City & State
Lake Worth

23 Zip **33460** Country **FL.**

24

2a. Mailing Address

26 **531 S. Lakeside Dr.**

Suite, Apt. #, etc.

27 City & State
Lake Worth

28 Zip **33460** Country **FL.**

29

3. Date Incorporated or Qualified

10/24/1991

3a. Date of Last Report

02/20/1995

4. FEI Number

65-0290607

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUMMALA KALERVO

~~600 LUGERNE AVE~~

**531 SO LAKESIDE DRIVE
LAKE WORTH FL 33460**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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 agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **KUMMALA, KALERVO**
STREET ADDRESS **324 W. PINE ST. #15**
CITY-ST-ZIP **LANTANA FL**

TITLE **D** ☐ DELETE
NAME **KUMMALA, GRETA**
STREET ADDRESS **324 W. PINE ST. #15**
CITY-ST-ZIP **LANTANA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **P/D KUMMALA KALERVO**
1.3 STREET ADDRESS **531 So. Lakeside Dr.**
1.4 CITY-ST-ZIP **LAKE WORTH FL.**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **KUMMALA GRETA**
2.3 STREET ADDRESS **531 So. Lakeside Dr.**
2.4 CITY-ST-ZIP **LAKE WORTH FL.**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 22 1996 533-1609

Date

Daytime Phone #

CR2E034 (12/95)