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PROFIT CORPORATION `ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **S89943**

1. Corporation Name

SCANDINAVIA INVEST. INC.

	NATIA WYLOT, INO							
Principal Plac	e of Business	Mailing Address				-	IN ENTIN DIGIN COL	I DIBII DIBII IDBI
531 S LAKESIE LAKE WORTH	DE DR	531 S LAKESIDE DR LAKE WORTH FL 33460						
us us						DO NOT WRITE IN TH		
						 Date Incorporated or Qualifed 10/24/1991 	** 1 .	***
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	A	pplied For-
21	<u></u>	26				65-0290607		lot Applicable
Suite, Apt.		Suite, Apt. #, etc.		•		5. Certificate of Status Desired	•	Additional lequired
City & Stat	te e	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	$\overline{}$	untry		8. This corporation owes the current year		
24	25 9. Name and Address of Currer	29	30			Personal Property Tax.		□No
	3. Name and Address of Curren	it Registered Agent		81 Nam	10	10. Name and Address of New Registere	a Agent	· ·
KUM	IMALA KALERVO			110.1				
S559					et Addre:	ss (P.O. Box Number is Not Acceptable)		
	E WORTH FL 33460			83		一一一一个人的复数重要的的一颗		
LAN	E WORIE FL 33400			84 City		<u> </u>	. 85 Zip	Code
						F	L	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu of Florida, Such change was:	tes, the a	bove-name	ed corpor	ration submits this statement for the purpose it's board of directors. I hereby accept the app	of changing its	s registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Fl	orida Stat	tutes.	poradon	13 board or directors. Thereby accept the app	MINIMIEN GS I	egistered
SIGNATURE								!
								1
	Signature, typed or printed name of registered age			d Agent signatu	re required v	when reinstating) . DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		re required v	when reinstating) . DATE ADDITIONS/CHANGES TO OFFICERS		
TITLE	OFFICERS AN		1.1 T	πE	re required v		AND DIRECT	ORS IN 12
TITLE NAME	OFFICERS AN PD KUMMALA, KALERVO	ID DIRECTORS	13. 1.1 TI 1.2 N	ITLE AME				
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Date

FILED

Jan 20, 1999 8:00am

Secretary of State

01-20-1999 90011 050 ***150.00

Daytime Phone #