


**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90243 024 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		
<b>DOCUMENT # S91842</b>				
1. Corporation Name <b>SWED-CAKE CORP. FOUNTAIN OF YOUTH OF S.W. FL, INC</b>				
Principal Place of Business 3613 DEL PRADO BLVD. SUITE 44 CAPE CORAL FL 33990		Mailing Address 3613 DEL PRADO BLVD. SUITE 44 CAPE CORAL FL 33990		
2. Principal Place of Business 21 <b>1404 53RD TERR</b> Suite, Apt. #, etc. 22 City & State 23 <b>CAPE CORAL FL</b> Zip Country 24 <b>33914</b> 25 <b>USA</b>				2a. Mailing Address 26 <b>1404 53RD TERR</b> Suite, Apt. #, etc. 27 City & State 28 <b>CAPE CORAL FL</b> Zip Country 29 <b>33914</b> 30 <b>USA</b>
9. Name and Address of Current Registered Agent <b>MANSSON/ ANDERS</b> <b>3613 DEL PRADO BLVD.</b> <b>SUITE 44</b> <b>CAPE CORAL FL 33904</b>		10. Name and Address of New Registered Agent 81 Name <b>JEAN MANSSON</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5205 SABAZOTA COURT</b> 83 84 City <b>CAPE CORAL</b> <b>FL</b> 85 Zip Code <b>33904</b>		
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 <i>[Signature]</i> <b>JEAN MANSSON</b> DATE <b>2/23/99</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
12. OFFICERS AND DIRECTORS TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE NAME <b>SODERBERG/ LEIF</b> STREET ADDRESS <b>2301 DEL PRADO BLVD., #44</b> CITY-ST-ZIP <b>CAPE CORAL FL</b> TITLE <b>P</b> <input checked="" type="checkbox"/> DELETE NAME <b>MANSSON/ ANDERS</b> STREET ADDRESS <b>3613 DEL PRADO BLVD</b> CITY-ST-ZIP <b>CAPE CORAL FL</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>PER-ERIK GRONWALL</b> 1.3 STREET ADDRESS <b>1404 53RD TERR</b> 1.4 CITY-ST-ZIP <b>CAPE CORAL, FL. 33914</b> 2.1 TITLE <b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>BYA GRONWALL</b> 2.3 STREET ADDRESS <b>1404 53RD TERR</b> 2.4 CITY-ST-ZIP <b>CAPE CORAL, FL 33914</b> 3.1 TITLE <b>SEC</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME <b>CATARINA BEERLUND</b> 3.3 STREET ADDRESS <b>1404 53RD TERR</b> 3.4 CITY-ST-ZIP <b>CAPE CORAL, FL 33914</b> 4.1 TITLE <b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME <b>PONTUS GRONWALL</b> 4.3 STREET ADDRESS <b>1404 53RD TERR</b> 4.4 CITY-ST-ZIP <b>CAPE CORAL, FL 33914</b> 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: X

PER: PER-ERIK GRONWALL

2/23/99 941-542-6451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)