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

**PROFIT CORPORATION ANNUAL REPORT** 

**1998** 



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

IBF-TEAM SCANDINAVIA, INC.

**FILED** May 07 1998 8:00am Secretary of State



Principal Place of Business 572 MORNINGSIDE BLVD PORT ST LUCIE FL 34985		Mailing Address PO BOX 7942 PORT ST LUCIE FL 34985-7942			9))
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 01/02/1992	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number 65-0312242	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζφ	Country	8. This corporation owes or has paid the c	urrent year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes UNO
DD/	<ol> <li>Name and Address of Curre ODIE, LAWRENCE P</li> </ol>	ent Hegistered Agent	81 Name	10. Name and Address of New Registered	J Agent
819 S. FEDERAL HIGHWAY SUITE 108					
			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
STU	JART FL 34994		83		
			84 City		85 Zip Code
				F	
11. Pursuant to	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	02 and 607.1508, Florida Statu e of Florida. Such change was	tes, the above-named cor authorized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered population of changing its registered
agent. La	m familiar with, and accept the obli	gations of, Section 607.0505, Fi	orida Statutes.		.,
SIGNATURE	Signature, typed or printil diname of registered as	and and third producable. (NC)	IL. Registered Agent signature req.	uired when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	<b>S</b> UGISAWA, SHUICHI		1.2 NAME		
STREET ADDRESS	572 MORNINGSIDE BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL 34985	Del see	1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	·	
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		becare	3.2 NAME		C ounder C vancour
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 717LE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - \$1 - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		F-1 200 2	5 4 CITY-S1-ZIP		
TITLE		[_] DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			G.3 STREET ADDRESS		
CITY-ST-ZIP			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 supplience that i 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.