

**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 # **423938** (0)

1. Corporation Name

**SOUTHWEST CORPORATION**



Principal Place of Business

Mailing Address

6745 WOODBRIDGE DRIVE  
BOCA RATON FL 33434

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BOCA RATON FL 33434

3. Date Incorporated or Qualified  
**04/20/1973**

3a. Date of Last Report  
**03/09/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**59-1452798**

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

8. 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

**DERN, ALVIN**  
**6745 WOODBRIDGE DRIVE**  
**BOCA RATON FL 33434**

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. Thereby 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 agent, officer, director, or shareholder

If the Registered Agent is not a shareholder, please check this box

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DPS</b>	<input type="checkbox"/> DELETE
NAME	<b>DERN, ALVIN</b>	
STREET ADDRESS	<b>6745 WOODBRIDGE DRIVE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> DELETE
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 NAME	
3.1 STREET	
4.1 CITY-ST	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 NAME	
7.1 STREET ADDRESS	
8.1 CITY-ST-ZIP	
9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10.1 NAME	
11.1 STREET ADDRESS	
12.1 CITY-ST-ZIP	
13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14.1 NAME	
15.1 STREET ADDRESS	
16.1 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: *Alvin Dern*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/96 407 482 7203  
DATE DAYTIME PHONE #

CR2E034 (12/95)