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FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUL 25 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J19265 (4)

1. Corporation Name
SWEARINGEN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1800 OLD OKEECHOBEE ROAD STE 200 WEAT PALM BEACH FL 33409 US	P.O. BOX 16621 WEST PALM BEACH FL 33416-6621 US

3. Date Incorporated or Qualified: 06/13/1986
3a. Date of Last Report: 03/26/1996

2. Principal Place of Business
21: 1280 North Congress Ave
Suite, Apt. #, etc. 22: 100
City & State 23: WPB
Zip 24: FL
Country 25: 33405

2a. Mailing Address
26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29:
Country 30:

4. FEI Number: 59-2790476 ☐ 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**

ANTONAS, JOHN L
1800 OLD OKEECHOBE RD., SUITE 203
WEST PALM BEACH FL 33409

10. **Name and Address of New Registered Agent**

81 Name: JOHN L. ANTONAS
82 Street Address (P.O. Box Number is Not Acceptable): 1280 North Congress Ave Suite 100
83:
84 City: WPB FL 85 Zip Code: 33409

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: John L Antonas Registered Agent — 7/22/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPTS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SWEARINGEN, JOHN C		1.2 NAME	600002258566---9	
STREET ADDRESS	1800 OLD OKEECHOBEE RD., SUITE 202		1.3 STREET ADDRESS	-08/05/97--01035--017	
CITY-ST-ZIP	WEST PALM BEACH FL 33409		1.4 CITY-ST-ZIP	****165.00 ****165.00	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

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July 22, 1997
Div of Corporations/Annual Rep
Florida Department of State
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam:

We have moved and did not receive corporate fillings. Forms were tracked down at old adddress. Thank You.
Enclosed is the $165.00 filing fee.

Sincerely,

John C. Swearingen