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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J37711

(5)

SWANS	ON & ASSOCIATES, INC.								
Principal Plac	e of Business	Mailing Address				1 (188 /1 18 870) (1881 1 888) (1 888) (1881			
2635 LINKS EP ROSWELL GA		2635 LINKS END ROSWELL GA 30076-3973							
						3. Date Incorporated or Qualified	3a. Dat	te of Last Re	eport
						10/06/1986	04/1	19/1996	
2. Principal F	lace of Bus-ness	2a. Mailing Address				4. FEI Number		—	plied For
21		26				<u>59-2727396</u>			t Applicable
Suite Apt	#, otc.	Suite, Apt. #, etc.			Ì	5. Certificate of Status Desired		\$8.75 A	
City & Stat	to	City & State				A Floring Consoling Figure			
)	.c	28				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
23 Zip	Country	Zip	Count	ry		This corporation has liability for its corporation in the second se			
24	25		30			Florida Statutes Yes No			
II. I.	9. Name and Address of Curren					10. Name and Address of New Re	gistered A	gent	
WAI	RES, WILLIAM A.		8	1 Name					
	WEST AZEELE STREET			2 Street A	Addres	s (P.O. Box Number is Not Acceptat	ole)		
	IPA FL 33606				Address (1.0. Box Marrison is Not Proceptable)				
			8	3					
			8	4 City				85 Zip (Code
				1 1			FL	'	
SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliging state of the st	int and title if applicable (NO				as poard of directors, I nereby acceptions and the second	DATE		
12.	PD	DELETE	11111	:T	Γ	ADDITIONS/CHANGES TO OFFIC	JENO AND	Change	Addition
NAME	SWANSON, DAVID		1.2 NAM						
STREET ADDRESS	2635 LINKS END			ET ADDRESS					
CITY - ST - ZIF	ROSWELL GA		1.4 CITY						
1011	STD	DELETE	2.1 TITLE		5-	ri>		Change	Addition
NAME	_		2.2 NAM	2.2 NAME		INCAN KIMBER	LY	•	
STREET ADDRESS	AT A PERMISSION OF AUTON F		2.3 STRE	ET ADDRESS	701	THE FRENCISART	Circ	تخاما،	İ
CHY-SI-ZiP	TAMPA FL		. I	-ST-ZIP	7	INFON, KIMBGE 514 FERNCISOFT SMPA, FL			
TILE	VD.	DELETE	3.1 TITLE			3W-1-1-1		Change	Addition
NAMi	SWANSON, JOAN		3.2 NAM	E					
STREET ADDRESS			3.3 STRE	ET ADDRESS	ĺ				
City St-72	PONTE VEDRA BEACH FL		3.4. CiTY	-ST-ZIP					
THE		☐ DELETE	41 TITLE					Change	☐ Addition
NAME			4 2 NAN	4E					
STREET ADDRESS			4.3 STRE	ET ADDRESS					
CITY ST-70P	W			- ST-ZIP	ļ			T 01	1 4 4 10 2
TIT.E		☐ DELETE	5.1 TITLE					Change	Addition
MAML			5.2 NAM]				
STREET ADDRESS				ET ADDRESS	1				
CHY ST 24P		Floritze		- ST- ZIP	ļ			Channe	Addition
THILE		DELETE	6.1 TITL					L Change	maningu
NAME			6.2 NAM						
STREET ADDRESS			6.3 STRE	ET ADDRESS					

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 empressed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change I or on an attachment with an address.