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Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000091737 (2)

1. Corporation Name
~~MARTHA A. HERNANDEZ & ASSOCIATES, INC.~~
HERNANDEZ & SWIFT ASSOCIATES, INC.

Nct 27-97



Principal Place of Business Mailing Address
1630 BALIHAH COURT 1630 BALIHAH COURT
GULF BREEZE FL 32561-2787 GULF BREEZE FL 32561-2787

| | | | |
|--------------------------------|-------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21. State, Amt. #, etc. | 26. Suite, Apt. #, etc. | 11/07/1996 | |
| 22. City & State | 27. City & State | 4. FEI Number | Applied For |
| 23. Zip | 28. Zip | 59-3384092 | Not Applicable |
| 24. Country | 29. Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | | <input checked="" type="checkbox"/> | |
| | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| | | <input type="checkbox"/> | |
| | | 8. This corporation has liability for intangible tax under s. 199.037, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 | 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. I hereby accept the appointment as registered agent and further with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ (INDIC: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|--|--|
| 12.1 TITLE: PTD 12.2 NAME: SWIFT, MARTHA A 12.3 STREET ADDRESS: 1630 BALIHAH COURT 12.4 CITY-ST-ZIP: GULF BREEZE FL 32561-2787 <input type="checkbox"/> DELETE | 11.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.1 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 14.1 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 21.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 22.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 23.1 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 24.1 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 31.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 32.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 33.1 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 34.1 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 41.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 42.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 43.1 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 44.1 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 51.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 52.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 53.1 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 54.1 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 61.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 62.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 63.1 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 64.1 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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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

SIGNATURE: *Martha A. Swift* *Martha A. Swift* 3/17/97 (904) 934-1530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Phone #

CR2E034 (9/96)