

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 19, 1999 8:00 am Secretary of State

05-19-1999 90009 037 \*\*\*300.00

DOCUMENT # P98 00000 4186  
1. Corporation Name THEODORE A. SWAEBE P.A.

Principal Place of Business Mailing Address  
15E 3 Ave #1280 MIAMI, FL 33131  
15E 3 Ave #1280 MIAMI, FL 33131

2. Principal Place of Business 2a. Mailing Address  
1215 SW 75th 1215 SW 75th  
MIAMI, FL 33135 MIAMI, FL 33135

9. Name and Address of Current Registered Agent  
THEODORE A. SWAEBE P.A.  
1215 SW 75th  
MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified 1/14/98  
4. FEI Number 65-0777494  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing \$5.00 May Be Added to Fees  
8. This corporation owes the current year intangible Personal Property Tax. Yes No

10. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

| SIGNATURE                  |                                 | NOTE: Registered Agent signature required when reinstating |   | DATE |  |
|----------------------------|---------------------------------|--|---|------|--|
| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12      |   |      |  |
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |  |
| NAME                       | THEODORE A. SWAEBE P.A.         | 1.2 NAME   |   |      |  |
| STREET ADDRESS             | 1215 SW 75th                    | 1.3 STREET ADDRESS   |   |      |  |
| CITY-ST-ZIP                | MIAMI, FL 33135                 | 1.4 CITY-ST-ZIP  |   |      |  |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |  |
| NAME                       |                                 | 2.2 NAME   |   |      |  |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS   |   |      |  |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP  |   |      |  |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |  |
| NAME                       |                                 | 3.2 NAME   |   |      |  |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS   |   |      |  |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP  |   |      |  |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |  |
| NAME                       |                                 | 4.2 NAME   |   |      |  |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS   |   |      |  |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP  |   |      |  |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |  |
| NAME                       |                                 | 5.2 NAME   |   |      |  |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS   |   |      |  |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP  |   |      |  |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |  |
| NAME                       |                                 | 6.2 NAME   |   |      |  |
| STREET ADDRESS             |                                 | 6.3 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 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, with all other like employees.

SIGNATURE: Theodore A. Swaebe, President 4/30/99