

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 345274 (5)**

1. Corporation Name  
**SOUTHWEST FLORIDA ENTERPRISES, INC.**



Principal Place of Business  
**401 NW 38TH COURT.  
P. O. BOX 350940  
MIAMI FL 33135**

Mailing Address  
**401 NW 38TH COURT.  
P. O. BOX 350940  
MIAMI FL 33135**

3. Date Incorporated or Qualified **04/28/1969**      3a. Date of Last Report **03/20/1995**

4. FEI Number **59-1263670**      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

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      Country      28. Zip      Country

24.      25.      29.      30.

9. Name and Address of Current Registered Agent

**HAVENICK, FRED  
401 NW 38TH CT  
MIAMI FL 33126**

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 607.0532 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: *Fred Havenick*  
Signature typed or printed name of officer or director      Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAVENICK, BARBARA</b>	1.2 NAME
STREET ADDRESS	<b>401 NW 38TH CT.</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	1.4 CITY-ST-ZIP
TITLE	<b>PTE</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAVENICK, FRED</b>	2.2 NAME
STREET ADDRESS	<b>401 NW 38TH CT.</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	2.4 CITY-ST-ZIP
TITLE	<b>DC</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMDUR, NEAL O</b>	3.2 NAME
STREET ADDRESS	<b>401 NW 38TH CT.</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	3.4 CITY-ST-ZIP
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMDUR, ISABELLE</b>	4.2 NAME
STREET ADDRESS	<b>401 NW 38TH CT.</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	4.4 CITY-ST-ZIP
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HECHT, FLORENCE</b>	5.2 NAME
STREET ADDRESS	<b>401 NW 38TH CT.</b>	5.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	5.4 CITY-ST-ZIP
TITLE	<b>DVS</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIN, PAUL</b>	6.2 NAME
STREET ADDRESS	<b>401 NW 38TH CT.</b>	6.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	6.4 CITY-ST-ZIP

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*5-1-96*

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), 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 an attachment with an address.

SIGNATURE: *Fred Havenick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/9/96**      **3056493000**

CR2E034 (12/95)