


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P96000041310 (9)</b>		
1. Corporation Name <b>SWARTZ SALES, INC.</b>		

Principal Place of Business <b>3287 LAKESHORE DRIVE DEERFIELD BEACH FL 33442</b>	Mailing Address <b>3287 LAKESHORE DRIVE DEERFIELD BEACH FL 33442</b>
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2. Principal Place of Business 21 <b>TAMPA FLORIDA</b> Suite, Apt. #, etc. 22 <b>110 S. MANHATTAN AVE #62</b> City & State 23 <b>TAMPA, FL</b> Zip 24 <b>33609</b>	2a. Mailing Address 26 <b>110 S. MANHATTAN AVE</b> Suite, Apt. #, etc. 27 <b>SUITE 62</b> City & State 28 <b>TAMPA FL</b> Zip 29 <b>33609</b> Country 30 <b>HILLSBOROUGH</b>
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9. Name and Address of Current Registered Agent <b>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 607.1502 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 *Robert G. Swartz* **10/3/97**  
Signature, typed or printed name of registered agent and the date of signature (required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SWARTZ, ROBERT G</b>	
STREET ADDRESS <b>3287 LAKESHORE DRIVE</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL 33442</b>	
TITLE <b>ST</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SWARTZ, PHYLLIS M</b>	
STREET ADDRESS <b>3287 LAKESHORE DRIVE</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL 33442</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**REINSTATEMENT** **97**

3. Date Incorporated or Qualified <b>05/14/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0666797</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 607.1502 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 *Robert G. Swartz* **10/3/97**  
Signature, typed or printed name of registered agent and the date of signature (required when reinstating)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>SWARTZ, ROBERT G.</b>	
1.3 STREET ADDRESS <b>110 S. MANHATTAN AVE. SUITE 62</b>	
1.4 CITY-ST-ZIP <b>TAMPA, FL 33609-3877</b>	
2.1 TITLE <b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>SWARTZ, PHYLLIS M.</b>	
2.3 STREET ADDRESS <b>110 S. MANHATTAN AVE. SUITE 62</b>	
2.4 CITY-ST-ZIP <b>TAMPA, FL 33609-3877</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>8000002317482-000</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>-10/10/97-01073-004</b>	
4.3 STREET ADDRESS <b>*****750.00 *****750.00</b>	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 *Robert G. Swartz* **10-1-97 813281-0211**

FILED

97 OCT -6 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (4/97)