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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 10 1998 8:00am

Secretary of State

DOCUMENT # P96000041310 (9)

SWARTZ SALES, INC.

Principal Place of Business		Mailing Address		- LABANDOLIND HAND DINN BOAN BONN BOAN BOAN BOAN AFFOR FIRM HON BOAN ABON	
110 S. MANHATTAN AVE.		110 S. MANHATTAN AV	E.		
#82		#62	••	DO NOT WORK IN	17180 0D4 OF
TAMPA FL 33609		TAMPA FL 33609		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
9 Principal P	Place of Business	2a, Mailing Address		05/14/1996 4. FEI Number	Applied For
· `	IACO OF DOSITIONS	26			Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		65-0666797	\$8.75 Additional
22	, 515.	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24	25	29	30	Personal Property Tax due June 30	_ · _ ·
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Regis	stered Agent
AMERILAWYER CHARTERED ROBERT G. SWARTZ					
- 949 ALMERIA AVENUE			82 Street Ad	Idress (P.O. Box Number is Not Acceptable	<u> </u>
COPAL GARLES EL -99194				SOUTH MANHATTANNUE	SUITE 62
[83]					
				E 62	Tag T Zin Onda
			84 City TA	MPA	FL 85 Zip Code 33609
11. Pursuant	to the provisions of Sections 607.0	502 and 607,1508, Florida Stati	utes, the above-named co	progration submits this statement for the pur	
office or r	egistered agent, or both the Start in familiar with and	te of Florida: Such change was	authorized by the corpor lorida Statutes	ration's board of directors. I hereby accept t	he appointment as registered
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 to the State of Lordon Statutes of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with a company of the appointment as registered agent. I am familiar with a company of the accept the appointment as registered agent. I am familiar with a company of the accept the accept the appointment as registered agent. I am familiar with a company of the accept the					
SIGNATURE	Signature, typed or printed name of registered	age it and title if applicable. (NO	OTE: Registered Agent signature rec	quired when reinstating)	DATE
12.	OFFICERS A	AND DIRECTOR	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD	☐ DELETE	1.1 TITLE	•	Change Addition
NAME	\$WARTZ, ROBERT G		1.2 NAME		
STREET ADDRESS	110 S. MANHATTAN AVE.,	STE. 62	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609-3877		1.4 CITY-\$1-ZIP		
TITLE	8T	☐ OFLETE	2.1 TITLE		Change Addition
NAME	\$WARTZ, PHYLLIS M		2.2 NAME		
STREET ADDRESS	110 S. MANHATTAN AVE.,	STE. 62	2.3 STREET ADDRESS		:
CITY-ST-ZIP	TAMPA FL 33609-3877		2 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
name .			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SY-ZIP			4,4 CITY - ST - ZIP		
TITLE		LJ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-S1-ZIP	<u> </u>		64 CITY-S1-ZIP		
14. I hereby of indicated	certify that the information supplied on this annual report or suppleme	I with this filing does not qualify ntal angual report is true with ac	tor the exemption stated courage and that my signa	in Section 119.07(3)(i), Florida Statules. I fur	ther certify that the information ade under oath; that I am an
indicated on this annual report or supplemental angual 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 facility of the corporation of the corpo					
		TO TOTAL	7 /	~	