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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90042 013 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000017998 1. Corporation Name

CITY-ST-ZIP

SW COOLIDGE, INC.

Principal Plac	e of Business	Mailing Address				I BANA BURN UBAN BURN	8818) U 18810 B 0	19101 1911 1981	
2029 COOLIDGE STREET HOLLYWOOD FL 33021 HOLLYWOOD FL 33021							,		
HOLLIWOOD	rt 33021	HOLLIWOOD PL 33021			DC	NOT WRITE IN	THIS SPACE		
					3. Date Incorporated	or Qualifed			
					02/27/1996				
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Ap	plied For	
21		26			58-2233447		No	t Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status	Desired	\$8.75 A		
22		27			J. Commonto or Change		Fee Re	quired	
City & Stat	te	City & State			6. Election Campaign	- 1	\$5.00		
23	Country	28	Courte		Trust Fund Contrib		Added t	to Fees	
Zip	Country 25	Zip	Country 30		8. This corporation ov	•		□No	
24	9. Name and Address of Curr		50		Personal Property 10. Name and Addres				
	5. Name and Address of Curi	rent neglatered Agent	81	Name	10, Name and Adores	5 Or Hear Rugist	area Agent		
WET	lterling, jim					•			
2029 COOLIDGE STREET			82	Street A	Address (P.O. Box Number is I	Not Acceptable)		-	
HOL	LYWOOD FL 33021		83			<u> </u>			
						er de l'égis		,5, ,1, 1	
			84	City	• •	• • • • • •	85 Zip C	Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Statutes	s, the above	e-named o	corporation submits this staten	ent for the purpo	se of changing its	registered	
office or r	registered agent, or both, in the Sta am familiar with, and accept the obli	ite of Florida. Such change was aut	thorized by	the corpo	ration's board of directors. I he	ereby accept the	appointment as req	gistered	
	antianniai with, and accept the obii	gadons of, Section 607.0303, Florid	ua Siaiules	•					
								ı	
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE: F	Registered Ager	nt signature re	equired when reinstating)	DA	TÉ		
12.		agent and title if applicable. (NOTE: F AND DIRECTORS	Registered Ager	nt signature re	equired when reinstating) ADDITIONS/CHANG			RS IN 12	
		·		nt signature re				RS IN 12	
12,	OFFICERS :	AND DIRECTORS	13.	nt signature re			S AND DIRECTO		
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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 empowered. address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE