

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
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90104 010 ***150.00

DOCUMENT # P96000041310

1. Corporation Name
SWARTZ SALES, INC.



Principal Place of Business

~~110 S. MANHATTAN AVE.~~
~~#62~~
TAMPA FL 33609.

Mailing Address

110 S. MANHATTAN AVE.
~~#62~~
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1996

4. FEI Number

65-0666797

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4711 S. Himes Ave

Suite, Apt. #, etc.

22 #501

City & State

23 TAMPA FL

Zip

24 33611-2620

Country

25 USA

2a. Mailing Address

26 4711 S. Himes Ave

Suite, Apt. #, etc.

27 #501

City & State

28 TAMPA FL

Zip

29 33611-2620

Country

30 USA

10. Name and Address of New Registered Agent

81 Name

SWARTZ ROBERT G.

82 Street Address (P.O. Box Number is Not Acceptable)

4711 S. Himes Ave.

83 #501

84 City TAMPA

FL

85 Zip Code 33611

SWARTZ, ROBERT G.
110 SOUTH MANHATTAN AVE
~~SUITE 62~~
TAMPA FL 33609

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

Robert G. Swartz
Signature, typed or printed name of registered agent and title if applicable.

ROBERT G. SWARTZ

03/1/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SWARTZ, ROBERT G

STREET ADDRESS 110 S. MANHATTAN AVE., STE. 62

CITY-ST-ZIP TAMPA FL 33609-3877

TITLE ST ☐ DELETE

NAME SWARTZ, PHYLLIS M

STREET ADDRESS 110 S. MANHATTAN AVE., STE. 62

CITY-ST-ZIP TAMPA FL 33609-3877

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 4711 S. Himes Ave. #501

1.4 CITY-ST-ZIP TAMPA, FL 33611-2620

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 4711 S. Himes Ave. #501

2.4 CITY-ST-ZIP TAMPA, FL 33611-2620

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 empowered.

SIGNATURE:

Robert G. Swartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT G. SWARTZ 3/1/99 813-832-6330

Date

Daytime Phone #

CR2E034 (11/98)

0390017