

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

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

3. Date Incorporated or Qualified
04/28/1969

3a. Date of Last Report
03/20/1995

4. FCI 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

10. Name and Address of New Registered Agent

HAVENICK, FRED
401 NW 38TH CT
MIAMI FL 33126

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 607.0502 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

Signature typed or printed name of registered agent

Signature typed or printed name of corporation

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME HAVENICK, BARBARA
STREET ADDRESS 401 NW 38TH CT.
CITY-ST-ZIP MIAMI, FL 00000

TITLE PTE ☐ DELETE
NAME HAVENICK, FRED
STREET ADDRESS 401 NW 38TH CT.
CITY-ST-ZIP MIAMI, FL 00000

TITLE DC ☒ DELETE
NAME AMDUR, NEAL O
STREET ADDRESS 401 NW 38TH CT.
CITY-ST-ZIP MIAMI, FL 00000

TITLE D ☐ DELETE
NAME AMDUR, ISABELLE
STREET ADDRESS 401 NW 38TH CT.
CITY-ST-ZIP MIAMI, FL 00000

TITLE DV ☐ DELETE
NAME HECHT, FLORENCE
STREET ADDRESS 401 NW 38TH CT.
CITY-ST-ZIP MIAMI, FL 00000

TITLE DVS ☒ DELETE
NAME LEWIN, PAUL
STREET ADDRESS 401 NW 38TH CT.
CITY-ST-ZIP MIAMI, FL 00000

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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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.

SIGNATURE:

Fred Havenick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96

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