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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(7)

JIM SWANN ENTERPRISES, INC.

LILED
Jan 26 1998 8:00am
Secretary of State

	ië <b>i i i i i</b> iii ii	

Principal Plac	e of Business	Mailing Address					E BIBII BËBLE DI	<b>                                    </b>
402 HIGH PO	INT DRIVE	402 HIGH POINT DRIVE			ļ			
P.O. BOX 376	67	P.O. BOX 3767			)	DO NOT WRITE IN THIS	SPACE	Ξ
COCOA FL 3	2926	COCOA FL 32926			i	3. Date Incorporated or Qualified		
						02/16/1973		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		pplied For
21		26				59-1679065		lot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required
22 City & State	Δ	City & State				6. Election Campaign Financing		May Be
23	•	28				Trust Fund Contribution		i to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes or has paid the cu	rreint year li	ntangible
24	25	29	30			, 5.55.		□ No
	<ol><li>Name and Address of Current</li></ol>	Registered Agent				10. Name and Address of New Registered	Agent	
EV.	ANS, JOHN H.		18	31	Name			
750	O COUNTRY CLUB DR.		8	32	Street Addres	ss (P.O. Box Number is Not Acceptable)		
π	USVILLE FL 32780		_	33				;
1			,					
			8	34	City	FL	85 Zip	Code
11 Purcuant	to the provisions of Sections 607 0500	and 607 1508 Florida Statu	tes the aho	OVE-I	named corpo		f changing	its registered
office or r	registered agent, or both, in the State	of Florida, Such change was	authorized	by t	the corporation	ration submits this statement for the purpose on's board of directors. I hereby accept the applications are supported to the purpose of the p	oointment a	s registered
	im familiar with, and accept the obliga	lions of, Section 607.0303, F	ionua siaiu	ies.				•
SIGNATURE	Signature, typed or printed name of registered ager	and title if applicable (NO	TE: Registered	Agent	t signature required	f when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PD	DELETE	1.1 TITL	E			Change	Addition
NAME	SWANN, JAMES TERRELL III		1.2 NAM					
STREET ADDRESS	402 HIGH POINT DRIVE				IDDRESS			
CITY-ST-ZIP	COCOA, FL 00000	DELETE	1.4 CITY		- ZIP		Change	Addition
TITLE	STD	☐ DELETE	2.1 TITL 2.2 NAM				- Otteriñe	
NAME	KIRSCHENBAUM, MALCOLM I	н.			ADDRESS			
STREET ADDRESS	402 HIGH POINT DRIVE COCOA FL		2.4 CIT					ì
CITY-SI-ZIP TITLE	VPD	DELETE	3,1 TITL		- 211		Change	Addition
NAME	DIMOMENICO, PATRICK E.	<del></del>	3.2 NAM					
STREET ADDRESS	402 HIGH POINTE DRIVE			_	DORESS			
CITY-ST-ZIP	COCOA FL		3.4. CIT	Y-ST-	- ZIP			
TITLE	- <del> </del>	DELETE	4.1 TITL				Change	☐ Addition
NAME			4, 2 NAI	ME				
STREET ADDRESS			4.3 STR	EET AL	DORESS			
CITY-ST-ZIP			4.4 CITY	/-ST-	- ZIP		····	
TITLE	-	DELETE	5.1 TITL	E			Change	☐ Addition
NAME			5.2 NAM					
SYREET ADDRESS			5.3 STR	EET A	DORESS			
CITY-ST-ZIP			5.4 CITY		- ZIP		l los	Augus -
TITLE		☐ DELETE	6.1 TITL				Change	Addition
NAME			6.2 NAM					
STREET ADDRESS			. I		ODRESS			
CITY-ST-ZIP		al al area and a second	6.4 CIT	/-ST-		cation 110 07(9)(i) Elevida Statutas Ligaribas o	artific that th	o information

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 artischment with an address. 407/632-4710 1/19/98