

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **539515** (7)
1. Corporation Name
S & W OF OSCEOLA, INC.



Principal Place of Business 2588 N MICHIGAN AVE KISSIMMEE FL 34744-1935	Mailing Address 2588 N MICHIGAN AVE KISSIMMEE FL 34744-1935
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 919 W. Emmett St. Suite, Apt. #, etc. 22 City & State 23 Kissimmee, FL Zip Country 24 34741 25 USA		2a. Mailing Address 26 P. O. Box 420675 Suite, Apt. #, etc. 27 City & State 28 Kissimmee, FL Zip Country 29 34742-0675 30 USA		3. Date Incorporated or Qualified 07/11/1977
		4. FEI Number 59-1759887		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent WELLS, JAMES W., JR. 1505 OAK LEAF LANE KISSIMMEE FL 34741		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SDT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, JAMES W., JR.	1.2 NAME	
STREET ADDRESS	1505 OAK LEAF LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, JAMES W., SR.	2.2 NAME	
STREET ADDRESS	2885 CROWN CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORY, MAUREEN	3.2 NAME	
STREET ADDRESS	5401 OSCEOLA AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	INTERCESSION CITY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Maureen Story* 4/20/98 407/746-1330

CR2E034 (10/97)