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

CORPORATION ANNUAL REPORT

1998

Suite, Apt. #, etc.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 563810

Suite, Apt. #, etc.

(1)

SWANSON & WICKLINE, INC.

**FILED** Jan 28 1998 8:00am Secretary of State



5. Certificate of Status Desired

\$8.75 Additional

Zip Code

85

Principal Place of Business Mailing Address 2725 NE 25TH CRT 2725 NE 25TH CRT FT. LAUDERDALE FL 33305 FT. LAUDERDALE FL 33305 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/05/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1831079 Not Applicable

44		21			r ce nequied
23	City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24		Zip 29	30 Cot	ıntry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
	WICKLINE, ROBERT C. 414 N.E. 26TH STREET			81	Name -
	WILTON MANORS FL 33305			82	Street Address (P.O. Box Number is Not Acceptable)
				83	

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	☐ DELETE	1.1 TITLE	Change Addition			
NAME	WICKLINE, ROBERT C.		1.2 NAME				
STREET ADDRESS	2725 NE 25TH CRT		1.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE	Change Addition			
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition			
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY - ST - ZIP				
TITLE		□ DELETE	4.1 TITLE	Change Addition			
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-SI-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE	Change Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST-ZIP				
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition			
NAME			5.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

14. I hereby certify that the information supplied with this filling does not qualify for the exemindicated on this annual report or supplemental annual report is true and accurate and the officer or director of the corporation or the securer of rustee empowered to execute this Block 12 or Block 13 if changed, or on an attachment with an address. on stated in Section 119.07(eXi), Florida Statutes. I further certify that the information timy signature shall have the same legal effect as if made under oath; that i am an eport as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: