

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 573857 (0)

1. Corporation Name
S.W. COWBOY, INC.



Principal Place of Business: 299 DONDANVILLE RD. ST. AUGUSTINE FL 32084
Mailing Address: 299 DONDANVILLE RD. ST. AUGUSTINE FL 32084

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Country
25	Country	29	Zip
30		30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	05/30/1978		05/01/1995
4.	FBI Number	Applied For	
	59-1827386	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAWLOR, PETER 11 OAK AVE V.B. ST. AUGUSTINE FL 32084				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, WILLIAM	1.2 NAME	
STREET ADDRESS	11 OAK AVE. V.B.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	ST. AUGUSTINE FL	1.4 CITY-STATE-ZIP	32095
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, TERRY	2.2 NAME	
STREET ADDRESS	11 OAK AVE. V.B.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ST. AUGUSTINE FL	2.4 CITY-STATE-ZIP	32095
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEGNER, JUDITH	3.2 NAME	
STREET ADDRESS	11 A OAK AVE V.B.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	ST. AUGUSTINE FL	3.4 CITY-STATE-ZIP	32095
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIERDA, JOHN (ASST)	4.2 NAME	
STREET ADDRESS	13A OAK AVE. V.B.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	ST. AUGUSTINE FL	4.4 CITY-STATE-ZIP	32095
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINGLETON, SCOTT	5.2 NAME	
STREET ADDRESS	11 A OAK AVE V.B.	5.3 STREET ADDRESS	
CITY-STATE-ZIP	ST. AUGUSTINE FL	5.4 CITY-STATE-ZIP	32095
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DROUILLARD, SHELLY	6.2 NAME	
STREET ADDRESS	11A OAK AVE. V.B.	6.3 STREET ADDRESS	
CITY-STATE-ZIP	ST. AUGUSTINE FL	6.4 CITY-STATE-ZIP	32095

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)(c), Florida Statutes. I further certify that the information located on this 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; and that the officer 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 otherwise furnished with an address.

SIGNATURE: *Scott Singleton* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 3/28/96 904 8243887

CR2E034 (12/95)