

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

FILED
May 18 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 # 580560 (1)
1. Corporation Name
SWEETWATER, INC.



Principal Place of Business
~~2005 S. DAYSHORE DR.~~
~~STE-M-103~~
COCONUT GROVE FL 33133

Mailing Address
~~2005 S. DAYSHORE DR.~~
~~STE-M-103~~
COCONUT GROVE FL 33132

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3225 AVIATION AVE Suite, Apt. #, etc. 22 SUITE 700 City & State 23 COCONUT GROVE Zip 24 33133		2a. Mailing Address 26 3225 AVIATION AVE Suite, Apt. #, etc. 27 SUITE 700 City & State 28 COCONUT GROVE FL Zip 29 33133		3. Date Incorporated or Qualified 07/28/1978	
				4. FEI Number 59-1933232	
				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 GARS, IRWIN OR DIXON, ROBERT 2005 S. DAYSHORE DR. SUITE M-103 COCONUT GROVE FL 33133		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
		IRWIN S. GARS 3225 AVIATION AVE, STE 700 COCONUT GROVE, FL 33133	

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]* DATE 4/16/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	GLASSMAN, JEROME	1.2 NAME	
STREET ADDRESS	2801 SW COLLEGE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	STD
NAME	DIXON, ROBERT	2.2 NAME	DIXON, ROBERT
STREET ADDRESS	2005 S. DAYSHORE DR.	2.3 STREET ADDRESS	3225 AVIATION AVE, STE 700
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 amendment with the address.

SIGNATURE: *[Signature]*

CR2E034 (10/97)