FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 8:14

DOCUMENT # **580964** **(5)**

1. Corporation Name
S.W. WELLS DESIGN ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~3001 W COMMERCIAL BLVD~~ ~~STE 28~~ ~~FT. LAUDERDALE FL 33309~~ ~~US~~	~~3001 W COMMERCIAL BLVD~~ ~~STE 28~~ ~~FT. LAUDERDALE FL 33309~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1978
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 6294 VIA PALLADIUM
22: Suite, Apt. #, etc
23: City & State: Boca Raton FL
24: Zip: 33433
25: County: USA

2a. Mailing Address
26: 6294 VIA PALLADIUM
27: Suite, Apt. #, etc.
28: City & State: BOCA RATON
29: Zip: FL 33433
30: County: USA

4. FEI Number: 59-1784205 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability to pay tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~TOWNER, MICHAEL, D, P.A.~~
~~820 DAVIE BLVD~~
~~FT LAUDERDALE FL 33315~~

10. Name and Address of New Registered Agent

81 Name: CURTIS SMITH
82 Street Address (P.O. Box Number is Not Acceptable): 6294 VIA PALLADIUM
83
84 City: BOCA RATON FL 85 Zip Code: 33433

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: 6/7/95
(signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/V/S/T/D	11 TITLE	☒ Change ☐ Addition
NAME	~~WELZIEN, SUSAN W~~	12 NAME	WELZIEN-SMITH, SUSAN W.
STREET ADDRESS	6294 VIA PALLADIUM	13 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL 33433	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: _____ PRESIDENT 6/7/95 (407) 367-7840
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)
SUSAN WELZIEN-SMITH

0218823 CP