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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 646880

(5)

SWEZY REALTY, INC.

## FILED Apr 11 1997 8:00am Secretary of State



| Principal Place of Business Mailing Address                                   |  |  |                                    |       |  | — I ABDAKO BAHA BARTI BATAK TENEK KENIN DEKA BARTI BABAK BADAK BARKA BABAK BADAK BADAK  |                            |          |             |
|---|--|--|------------------------------------|-------|--|---|----------------------------|----------|-------------|
| 168 HIALEAH DRIVE 168 HIALEAH DRIVE<br>HIALEAH FL 33010 HIALEAH FL 33010-5250 |  |  |                                    |       |  |   |                            |          |             |
|   |  |  |                                    |       | 3. Date Incorporated or Qualified 11/21/1979 | ate of Last Report<br>/22/1996  |                            |          |             |
| 2. Principal P  | Tace of Business                             | 2a. Mailing Address                                    | 2a. Mailing Address<br>26          |       |  | 4. FEI Number<br>59-1971905   | Applied For Not Applicable |          |             |
| Suite, Apt  | #, etc                                       | Suite. Apt. #, etc.                                    | Suite Apt. #, etc. 27 City & State |       |  | 5. Cerlificate of Status Desired \$8.75 Additional Fee Required  6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |                            |          |             |
| City & Stat   | le   |  |                                    |       |  |   |                            |          |             |
| Zip         Country         Zip           24         25         29            |  | Ζιρ<br><b>29</b>                                       | 30                                 |       |  | B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes     Yes  No   |                            |          |             |
|   | 9. Name and Address of Cu                    | rrent Registered Agent                                 |                                    |       |  | 10. Name and Address of New Re  | gistered                   | Agent    |             |
|   | ezy, ruby                                    |  |                                    | B1    | Name   |   |                            |          |             |
| 168 HIALEAH DRIVE<br>M-102 BISCAYNE BLDG<br>HIALEAH FL 33010                  |  |  | 1                                  | 82    | Street Add                                   | ddress (P.O. Box Number is Not Acceptable)  |                            |          |             |
|   |  |  |                                    | 83    |  |   |                            |          |             |
|   |  |  | ]1                                 | 84    | City   | FL 85 Zip Code  |                            |          |             |
| SIGNATURE   | Standare typed as proted manual of registers | d agent and fille if applicable. (NOT<br>AND DIRECTORS | E flogislered                      | Age   | ni signature requ                            | ired when reinstating) ADDITIONS/CHANGES TO OFFIC   | DATE<br>CERS AND           | DIRECTO  | ORS IN 12   |
| Tilluf  | TPS  | DELETE   | 1.1 TITL                           | L€    |  |   |                            | Change   |             |
| NAME  | SWEZY, RUBY S                                |  | 1.2 NAM                            | ME    | 1  |   |                            |          |             |
| STREET ACCORESS   | 168 HIALEAH DR                               |  | 13 STA                             | IEE T | ADDRESS                                      |   |                            |          |             |
| CITY-SE 741   | HIALEAH FL                                   |  |                                    |       | T-ZIP  |   |                            |          |             |
| TUTE  | DELETE                                       |  |                                    | LE    | 1  |   |                            | L Change | e 🔲 Additio |
| NAME<br>CEUCLA ADECUACIO  |  |  | 2.2 NAM                            |       | ADDRESS ]                                    |   |                            |          |             |
| STREET ADDRESS CHY-ST-ZiP   |  |  | 2.4 CIT                            |       | ı  |   |                            |          |             |
| TITLE   |  | DELETE   | 3.1 TiTi                           | _     | ···•   | 11.1  |                            | Change   | e 🔲 Additio |
| NAME  |  |  | 3.2 NAS                            | ME    |  |   |                            |          |             |
| STHEFT ADDRESS  |  |  | 33 STR                             | REET  | ADDRESS                                      |   |                            |          |             |
| CITY \$1-7-   |  | Driete   | 3.4. CIT                           |       | ST-ZIP                                       |   |                            | 1 1 05   |             |
| Till f  |  | DELETE   | 4.1 7171                           |       |  |   |                            | ∐ Chang  | e Additio   |
| NAME<br>STREET ADDRESS  |  |  | 4. 2 NA<br>4.3 STR                 |       | ADDRESS                                      |   |                            |          |             |
| CITY-ST ZIP   |  |  | 4.4 CIT                            |       |  |   |                            |          |             |
| TITLE   |  | DELETE   | 5.1 Till                           |       |  |   |                            | Chang    | e 🔲 Additio |
| NAME:   |  |  | 5.2 NA                             | ME    | ļ  |   |                            |          |             |
| STREET ADDRESS  |  |  | 5.3 STR                            | REET  | ADDRESS                                      |   |                            |          |             |
| CITY \$1-70°  |  | T person   | 5.4 CIT                            |       | T-ZIP  |   |                            |          |             |
| :1011.E   |  | DELETE   | 61 TITE                            |       | -  |   |                            | ☐ Chang  | e Additio   |
| NAME<br>ETOTE LANGUEUR  |  |  | 6.2 NAM                            |       | ADDRECC                                      |   |                            |          |             |
| STREET ADDRESS:   | 1  |  |                                    |       | ADDRESS                                      |   |                            |          |             |

14. I do hereby certify that the information supplied with use filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated or triis annual report or entiremental 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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 16 if chapted or or many address.

SIGNATURE:

VATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/17 (305) 372-