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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 659926

1. Corporation Name
SOUTHWEST IMPORTS, INC.

Principal Place of Business	Mailing Address
2372 52 TERRACE SW P.O. BOX 2234 NAPLES FL 33999 US	BOX 2234 P.O. BOX 2234 NAPLES FL 33939 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1980

2. Principal Place of Business 21 3520 24th AV N.E	2a. Mailing Address 26 P.O. BOX 2234
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 NAPLES FL	City & State 28 NAPLES FL
Zip / Country 24 34120 25 COLLIER	Zip / Country 29 34106 30 COLLIER

4. FEI Number: 59-1982533 ☐ 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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVID BRUGMAN B.
2372 52ND TERRACE S.W. ← DELETE
NAPLES FL 33999

10. Name and Address of New Registered Agent

81 Name: BEN BRUGMAN
82 Street Address (P.O. Box Number is Not Acceptable): 3520 24th AV N.E
83 P.O. BOX 2234 NAPLES FL 34106
84 City: NAPLES FL 85 Zip Code: 34120

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] 03-26-99
Signature, typed or printed name of registered agent and date, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRUGMAN, BEN		1.2 NAME		
STREET ADDRESS	2372 52ND TERRACE S.W.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRUGMAN, KATHLEEN		2.2 NAME		
STREET ADDRESS	2372 52ND TERRACE S.W.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRUGMAN, BEN		3.2 NAME		
STREET ADDRESS	2372 52ND TERR SW		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE	AS	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RICHARZ, MARK		4.2 NAME		
STREET ADDRESS	1737 42ND ST. S.W.		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33999		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			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034.(11/98)

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 attachment with an address, with all other like empowered.

SIGNATURE: [signature] BEN BRUGMAN 03-26-99 941-455-7517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #