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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Scoretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 668389

(0)

rporation Name

JOE SCHWENT & ASSOCIATES, INC.

As Per Tammy via Phone Please note Grection #4 Below. (FEI Number) Thanks.



THUSIDA Plat	on of Purposes	Mailing Addison				J JUDI HEKUTA ULUHU W		Alēji Bibli šāli
	ce of Business	Mailing Address						
345 1ST P.O. BOX		345 1ST STREET P.O. BOX 320915						
	BEACH FL 32932-7915	COCOA BEACH FL	32832-7915					
					3. Date Incorporated or Qualified 04/30/1980	3a. Date of L 04/(	.ast Rep <b>)4/19</b> 9	
2. Principal	Place of Business	2a. Mailing Address 26			4. FEI Number 59-2010253-59-2	010153	<b></b>	optied For ot Applicable
Suite, Ap <b>22</b>	t. #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		8.75	Additional equired
City & Sta		City & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Ζιρ	Coun	try	8. This corporation has liability for in		ders 1	99.032,
24	25	[29]	30		Florida Statutes X Yes			
	9. Name and Address of Current	Hegistered Agent		31 Name	10. Name and Address of New Re	igistered Age	nt	
SCH!	A/CNIY DATDICIA		[	Name				
	Went, Patricia Ist street n.		[7	32 Street Addre	ess (P.O. Box Number is Not Acceptable	9)		
	DA BEACH FL 32931		ļ.	33			<del>,</del>	····
			ļ.	34 City			-1	01-
			['	City		FL  *	S ZID	Code
SIGNATURE	Standure, typod or printed name of registered agent a			gont signature required		DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO DEEL	SEBS AND DID	RECTOR	RS IN 12
3 . 1 . 1	₽n	DOLLIC			ADDITIONS/CHANGES TO OFFIC			
TITLE	PD SCHWENT PATRICIA	DELETE	1, 1 TIT		ADDITIONS OF IANGES TO OFFIC			Addition
NAME	SCHWENT, PATRICIA	☐ DELETE	1, 1 TIT 1,2 NAM	AE	ADDITIONS OF INFOCE TO OFFICE			
NAME STREET ADDRESS	SCHWENT, PATRICIA 464 INDIAN CREEK DR.	☐ DELETE	1. 1 TIT 1.2 NAM 1 3 STR	ME EET ADDRESS	ADDITIONS OF IMPORTS TO OFFIC			
NAME	SCHWENT, PATRICIA	☐ DELETE	1. 1 TIT 1.2 NAM 1 3 STR	ME EE1 ADDRESS (+S1-ZIP	ADDITIONS OF IMPORTS		nange	
NAME STREET ADDRESS CHY-ST-ZIP	SCHWENT, PATRICIA 464 INDIAN CREEK DR. COCOA BEACH FL		1. 1 TIT 1.2 NAM 1 3 STR 1.4 CIT	AE EE1 ADDRESS (+S1-ZIP	ADDITIONS OF IMPORTS TO GIVE	_ C	nange	Addition
NAME STIFEET ADDRESS CHY-ST-ZIP THEE NAME	SCHWENT, PATRICIA 464 INDIAN CREEK DR. COCOA BEACH FL STD CLARK, PATI 6355 PLEASANT AVENUE		1. 1 TIT 1.2 NAM 1 3 STR 1.4 CIT 2 1 TIT 2 2 NAM	AE EE1 ADDRESS (+S1-ZIP	ADDITIONS OF IMPORTS TO GITTLE	_ C	nange	Addition
NAME STREET ADDRESS CHY-ST-ZIP THILE	SCHWENT, PATRICIA 464 INDIAN CREEK DR. COCOA BEACH FL STD CLARK, PATI	☐ DELETE	1. 1 TIT 1.2 NAM 1.3 STR 1.4 CIT 2.1 TIT 2.2 NAM 2.3 STR	AE EE1 ADDRESS (+S1-ZIP LE	ADDITIONS OF IMPORTS	_ C	nange	Addition
NAME STREET ADDRESS CITY-ST-ZIP UTGE NAME STREET ADDRESS CITY-ST-ZIP UTGE	SCHWENT, PATRICIA 464 INDIAN CREEK DR. COCOA BEACH FL STD CLARK, PATI 6355 PLEASANT AVENUE		1. 1 TIT 1.2 NAM 1.3 STR 1.4 CIT 2.1 TIT 2.2 NAM 2.3 STR	AE EE1 ADDRESS (-S1-ZIP LE AE EE1 ADDRESS (-ST-ZIP	ADDITIONAL TO GITTE	_ C	nange	Addition
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NAME STHEET ADDRESS OFF - ADDRESS	SCHWENT, PATRICIA 464 INDIAN CREEK DR. COCOA BEACH FL STD CLARK, PATI 6355 PLEASANT AVENUE COCOA BEACH FL	☐ DELETE	1, 1 TIT 12 NAM 13 STR 14 CIT 2 1 TIT 22 NAM 23 STR 24 CIT 3 1 TIT 32 NAM 33 STR	AE EE1 ADDRESS (-S1-ZIP LE AE EE1 ADDRESS (-ST-ZIP LE AE	ADDITIONS OF MINDLES TO GITTLE	_ C+	nange	Addition  Addition
NAME STHEET ADDRESS OFF - ADDRESS	SCHWENT, PATRICIA 464 INDIAN CREEK DR. COCOA BEACH FL STD CLARK, PATI 6355 PLEASANT AVENUE COCOA BEACH FL	☐ DELETE	1, 1 TIT 12 NAM 13 STR 14 CIT 2 1 TIT 22 NAM 23 STR 24 CIT 3 1 TIT 32 NAM 33 STR 34 CIT	AE EE1 ADDRESS (-S1-ZIP LE AE EE1 ADDRESS (-S1-ZIP LE AE LEFT ADDRESS (-S1-ZIP	ADDITIONS OF MINDLES TO GITTLE	Cr	nange nange	Addition  Addition  Addition
NAME STHEET ADDRESS OFF - ADDRESS	SCHWENT, PATRICIA 464 INDIAN CREEK DR. COCOA BEACH FL STD CLARK, PATI 6355 PLEASANT AVENUE COCOA BEACH FL	☐ DELETE	1, 1 TIT 12 NAM 13 STR 14 CIT 2 1 TIT 22 NAM 23 STR 24 CIT 3 1 TIT 32 NAM 33 STF 34 CIT 4 1 TIT	AE EE1 ADDRESS (-S1-ZIP LE AE EE1 ADDRESS (-ST-ZIP LE AE HEF1 ADDRESS (-S1-ZIP LE	ADDITIONS OF MINDLES TO GITTLE	_ C+	nange nange	Addition  Addition
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NAME STREET ADDRESS CITY STEAD THEE NAME STREET ADDRESS CITY STEAD	SCHWENT, PATRICIA 464 INDIAN CREEK DR. COCOA BEACH FL STD CLARK, PATI 6355 PLEASANT AVENUE COCOA BEACH FL	DELETE  DELETE	1. 1 TIT 1.2 NAM 1.3 STR 1.4 CIT 2.3 TIT 2.2 NAM 2.3 STR 2.4 CIT 3.1 TIT 3.2 NAM 3.3 STP 3.4 CIT 4.1 TIT 4.2 NAM 4.3 STR 4.4 CIT 5.1 TIT 5.2 NAM 5.3 STR 5.4 CIT	AE EE1 ADDRESS (-S1-ZIP LE EE1 ADDRESS (-S1-ZIP LE EE1 ADDRESS (-S1-ZIP LE	ADDITION OF IMPORT TO GIVE	Cr	nange nange nange	Addition  Addition  Addition  Addition
NAME STREET ADDRESS CITY STIZEP THEE	SCHWENT, PATRICIA 464 INDIAN CREEK DR. COCOA BEACH FL STD CLARK, PATI 6355 PLEASANT AVENUE COCOA BEACH FL	DELETE  DELETE	1. 1 TIT 1 2 NAM 1 3 STR 1 4 CIT 2 TAM 2 3 STR 2 4 CIT 3 1 TIT 4 2 NAM 3 3 STF 3 4 CIT 4 1 TIT 5 2 NAM 5 3 STR 5 4 CIT 5 1 TIT 5 2 NAM 5 3 STR 6 1 TIT 6 2 NAM 6 3 STR	AE EE1 ADDRESS (-S1-ZIP LE EE1 ADDRESS (-S1-ZIP LE EE1 ADDRESS (-S1-ZIP LE	ADDITION OF IMPORT TO OFFICE	Cr	nange nange nange	Addition  Addition  Addition  Addition

4. 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)(k), 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 castir, 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 Ellock 12 or Block 13 if ghanged, or on an attachagent with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 (401) 783-3818