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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F42278**

(4)

1. Corporation Name

SUNWEST FINANCIAL GROUP, INC.

Principal Place of Business

**3703 W AZEELE ST
TAMPA FL 33609**

Mailing Address

**3703 W AZEELE ST
TAMPA FL 33609-2807**

3. Date Incorporated or Qualified
08/27/1981

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ALVAREZ, OSCAR, JR
9529 AQUA LANE
ODESSA FL 33556**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	A. SCOTT ALVAREZ	
STREET ADDRESS	9529 AQUA LANE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ALVAREZ NICHOLE C.	
STREET ADDRESS	9529 AQUA LANE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	SARRA, KIMBERLY L	
STREET ADDRESS	645 FEDERICA LANE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Oscar Alvarez, Jr.	
1.3 STREET ADDRESS	9529 Aqua Lane	
1.4 CITY-ST-ZIP	Odessa, FL 33556	
2.1 TITLE	SEC/TREAS / DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sylvia Alvarez	
2.3 STREET ADDRESS	9529 Aqua Lane	
2.4 CITY-ST-ZIP	Odessa, FL 33556	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 supplement to 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, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0358188

CR2E034 (9/96)