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May 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F75387 (3)

1. Corporation Name
ROBERT K. SWARTHOUT, INC.



Principal Place of Business
400 S DIXIE HWY #121
BOCA RATON FL 33432

Mailing Address
400 S DIXIE HWY #121
BOCA RATON FL 33432-8023

3. Date Incorporated or Qualified
03/31/1982

3a. Date of Last Report
07/05/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FEI Number
59-2181029

Applied For
Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWARTHOUT, ROBERT K
400 S DIXIE HWY #121
BOCA RATON FL 33432

81 Name

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

83

84 City FL 85 Zip Code

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

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
|-------|----------------------|------------------|-----------------|--------------------------|
| SC | SWARTHOUT, ROBERT K. | 2848 BANYAN BLVD | BOCA RATON FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE | Change | Addition |
|-------|------|----------------|-----------------|--------------------------|--------------------------|--------------------------|
| 1.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.4 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 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: *Robert K. Swarthout* ROBERT K. SWARTHOUTS. 14-97 561-312-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)