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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G39587

(2)

SWANSON CREATIONS, INC.

FILED											
May 12 1998 8:00am											
Secretary of State											



Principal Place of Business Mailing Address											HI ULUH BIUH I	\$(040 0404) (0 B)
6000 GEORGIA AVE % SUSANNE L. SWANSON 8TE 9 701 N. GOLFVIEW WEST PALM BEACH FL 33405 LAKE WORTH FL 33460					N			DO NOT WRITE IN THIS SPACE				
US									3. Date Incorporated or Qualified 05/11/1983			ļ
2, Principal P	2a. Mailing	2a. Mailing Address				4. FEI Number			Applied For			
21				26					59-2297948			Not Applicable
Suite, Apt. #, etc.				Suite, Apl. #, etc.					5. Certificate of Status Desired		· · · · ·	5 Additional
22				City & State							····	Required
City & State				28					6. Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip Country				1	Zip Country				8. This corporation owes or has paid the current year Intangible			
24 25 9. Name and Address of Current				29 egistered Ag	ered Agent				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
SWANSON, SUSANNE L.								Name				
701 N. GOLFVIEW						-	82 Street Address (P.O. Box Number is Not Acceptable)					
LAKE WORTH FL 33460								Street Addre	ss (F.O. Dox Multipel is Not Accepte			
						8	3					
						8	14	City		FI	85 Z	ip Code
11. Pursuant	to the provis	ions of Section	s 607.0502 ar	nd 607.1508,	Florida Statute	os, the abo		named corpo	ration submits this statement for the			a its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.												
SIGNATURE												
12.	Signature typed		egisterest agent an CERS AND D		(NOII	13.	√ geni	t signature required	ADDITIONS/CHANGES TO OFF	DATE CERS AN	ID DIRECT	OBS IN 12
TITLE	ĎΡ				DELETE	1.1 TITL	 -		ADDITIONAL TO OFF	OL/10/A	☐ Chang	
NAME	SWANS	ON, SUSANN	IE L.			1.2 NAM	1E	Ī				
STREET ADDRESS 701 N. GOLFVIEW					1 3 STREET ADDRESS			DDHESS				
CITY-ST-ZIP	LAKE W	ORTH FL				1.4 CITY	- S1 -	- ZIP				
TITLE				i	DELFTË	2.1 TiT()					Chang	je ∐_Addition }
NAME						2.2 NAM						
STREET ADDRESS						2.3 STRE						
CITY-ST-ZIP TITLE	<u>-</u>			···· —T	DELETE	2. 4 CITY 3.1 TITU		- 211/			Chang	e Addition
NAME				•		3.2 NAM						
STREET ADDRESS						3 3 STRE	ET A	DDRESS				
CITY-ST-ZIP						3.4. CiTY	r-Si	- 2(P				
TITLE					DELETE	4.1 TITLE	E				Chang	e 🔲 Addition
NAME						4. 2 NAN						
STREET ADDRESS								DORESS				
CITY-ST-ZIP TITLE					DELETE	4.4 CITY 5.1 TITU		- ZIP			Chang	e Addition
NAME				L	0.0016	5.1 HILL 5.2 NAM					Urany	- LJ Addition
STREET ADDRESS						5.3 STAE		DDRESS				
CITY-ST-ZIP						5.4 City						
TITLE				ΤΤ	DELETE	6.1 TITLE					Chang	e Addition
NAME						6.2 NAM	E					ļ
STREET ADDRESS						6.3 STRE	ET A	DDRESS				
CITY-ST-ZIP		*: 		1		6.4 CITY	- \$1-	- ZIP	action 440 07/21/i) Filorida Statutos	 		

Thereby 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.