
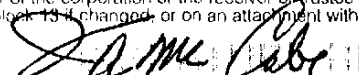


3-31-97 B-3780 NC-  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 31 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 # H29216 (9) 1. Corporation Name SOUTHWEST FINANCIAL MANAGEMENT CORPORATION							
Principal Place of Business P.O. BOX 1243 CAPE CORAL FL 33910			Mailing Address P.O. BOX 1243 CAPE CORAL FL 33910-1243				
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/05/1984 3a. Date of Last Report 04/19/1996			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-2464391 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MCCABE, JOSEPH A. 409 AVIATION PKWY CAPE CORAL FL 33904			10. Name and Address of New Registered Agent 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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)							
12. OFFICERS AND DIRECTORS 1.1 TITLE DP <input type="checkbox"/> DELETE 1.2 NAME MCCABE, JOSEPH A. 1.3 STREET ADDRESS 409 AVIATION PKWY 1.4 CITY-ST-ZIP CAPE CORAL FL 2.1 TITLE D <input type="checkbox"/> DELETE 2.2 NAME MCCABE, ELEANOR A. 2.3 STREET ADDRESS 409 AVIATION PKWY 2.4 CITY-ST-ZIP CAPE CORAL FL 3.1 TITLE D <input type="checkbox"/> DELETE 3.2 NAME TOMASSO, VINCENT B. 3.3 STREET ADDRESS 413 AVIATION PKWY 3.4 CITY-ST-ZIP CAPE CORAL FL 4.1 TITLE D <input type="checkbox"/> DELETE 4.2 NAME TOMASSO, JOAN MARIE 4.3 STREET ADDRESS 413 AVIATION PKWY 4.4 CITY-ST-ZIP CAPE CORAL FL 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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 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:  3/22/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							

CR2E034 (9/96)