FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUN 1. Corporation		#	H7747	7	(8)					
•		ROSS	OF SWF, INC	Э.						
Principal Place	of Business	 -	7-10-da - 1-d	N	Mailing Address					- I TORKEY BYIN BOOK HARIN BURK LEGAL DEGI BURN BURN BURN BURN BURN BURN BURN BURN
P.O. BOX 1718 P.O. BOX 1718 MARCO ISLAND FL 33969 MARCO ISLAND FL 33969										
										3. Date Incorporated or Qualified 3a. Date of Last Report 09/24/1985 08/08/1995
2. Principal Pla	ace of Busin		a. Mailing Address					4. FEI Number Applied For		
Suite, Apt.	#. etc.			26	Suite, Apt. #, etc.					59-2605727 Not Applicable 59-2605727 S8.75 Additional
22				27	Ounce ripe, ess.					5. Certificate of Status Desired Fee Required
City & State	•	City & State	ty & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 24		25	ountry	29	Zip	30	Country	,		8. This corporation has liability for intangible tax under s 199,032, Florida Statutes Yes \(\subseteq \text{No} \)
	g, Name		ddress of Current		stered Agent	<u> </u>			······································	10. Name and Address of New Registered Agent
				_			81	Name		
	HERBERT						82	Street	Addres	ess (P.O. Box Number is Not Acceptable)
267 N COLLIER BLVD PO BOX 1718										
MARCO ISLAND FL 33969										
111/11/00 102/11/01 12 00000								City		FL 85 Zip Code
11. Pursuant to	o the provisi	ons of S	Sections 607.0502 a	nd 60	07.1508, Florida Statutes	, the a	above-	named or poration's	orporat	ation submits this statement for the purpose of changing its registered officed of directors. I hereby accept the appointment as registered agent. I am
familiar wit	th, and acce	ot the o	bligations of, Section	n 607	.0505, Florida Statutes.	J Ly	, 100 O	Vallori	DOGIN	of Officerors. Thereby accept the appointment as registered agent, running
SIGNATURE _	Signature, typed	or printed	name of registered agent an	vd title if	annicable (NOTE	Registe	ered Age	of sonature	ren irad v	when renslating! OATE
12.			OFFICERS AND			1.		tog Gloro	040.00.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD				DELETE	1.	1 TITLE		,	Change Addition
NAME			RBERT	_			2 NAME		٨.	aut, of Herbard
STREET ADDRESS	211 22 12 12 2							ADDRESS	26	67 N. Collie Blood.
CITY-ST-ZIP TITLE	VP	UISL	IND FL		DELETE	_	4 CITY - S 1 TITLE	IT-ZIP	41	Change Addition
NAME		ONAT	O, M.A.				2 NAME		从	iandonation of thange Addition 8718 old mile Rol. Wesley Chapel Fl 33547
STREET ADDRESS		ERRIN				1		ADDRESS	28	8718 old mile Kd.
CITY-ST-ZIP			AND FL			2.4	4 CITY - S	IT-ZIP	W	Vesly Chapel Fl 33547
TITLE	VP		-		☐ DELETE	3.	1 TITLE			☐ Change ☐ Addition
NAME			MARGARET L			3.3	2 NAME			0
STREET ADDRESS			E SCHOOL, ROE	3IN H	IILL ROAD	3.0	3 STREE	ADDRESS		
CITY-ST-ZIP	MARL	<u>BORO</u>	MA		ריו חבונדנ		4 CITY - S	T-ZIP	<u> </u>	C 0 C 1400
TITLE NAME					DELETE		1 TITLE 2 NAME			Change Addition
STREET ADDRESS								ADDRESS		
CITY-ST-ZIP							4 CHTY - S			
TITLE					☐ DELETE		1 THLE			☐ Change ☐ Addition
NAME						5.2	2 NAME			
STREET ADDRESS						5.3	3 STREET	ADDRESS		
CITY-ST-ZIP			1.			5.4	4 CITY - S	7-ZIP		
TITLE		<19	y 18 1		DELETE	6.	1 TITLE			☐ Change ☐ Addition
NAME	3	1,0	1274 - 18%				2 NAME			
STREET ADDRESS		14	35 2000					ADDRESS		
14. I do hereby	v certify that	the info	rmation supplied wit	th this	s filing is voluntarily furnish	ned an	4 CITY - S	s not aua	lify for	r the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
certify that	the informat	tion indi	cated on this annual	repo	rt or supolemental annua	il repoi	rt is tru	e and ac	curate	e and that my signature shall have the same legal effect as if made under report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

3/15/96 941-394-4020