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

PROFIT CORPORATION ANNUAL REPORT

1997

Paricipal Place of Birchess.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H77477

(8)

Maring Address

SOUTHERN CROSS OF SWF, INC.

	ŀ	FILED)
Mar	13	1997	8:00am
Se	crei	tary of	f State



P.O. BOX 1718 MARCO ISLAND FL 33969		P.O. BOX 1718 Marco Island FL 34146-1718				
					3. Date Incorporated or Qualified 09/24/1985	3a. Date of Last Report 03/19/1996
			2a. Mailing Address	······································	4. FEI Number	Applied For
21 267 N. COLLIER BLUD		26 P.O.B.	× 1718	59-2605727	Not Applicable	
Satic Apt # etc.		Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta 23 MKR	to 15 (Avi)	FC	City & State 28 MARCO IS	LAND FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
^{Zip} # 4	4145 Z5 Count	ush	29 34146	Country 30 USA		Yes 🔀 No
	9. Name and Addre	ss of Current	Registered Agent		10. Name and Address of New Reg	gistered Agent
	AB, HERBERT J.			81 Name	HERBERT LAM	a
	' N COLLIER BLVD BOX 1718				ress (P.O. Box Number is Not Acceptab	
	RCO ISLAND FL 3396	Ð		83	SIMÉ	
				84 City	,	FL 85 Zip Code
11. Persuant	to the provisions of Sect	ions 607 0502	and 607.1508 Florida Stati	ites, the above-named con	poration submits this statement for the p	
office or	registered agent, or both	, in the State	of Flor : Such change was	authorized by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	t the appointment as registered
	Star Phologon & Oc.		ight timen i i si si ma	zajida Sialules.		
SIGNATURE	Fig. Same pf	•	a dente the	TE: Bog stered Agent signature requi	ired when reinstating)	DATE
12.		FEICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
Mili	VD	,,	DELETE	1.1 TITLE		Change Additio
NAME	LAMB, J. HERBERT			1.2 NAME		
STREET ADDRESS	267 N COLLIE BLV	D.		1.3 STREET ADDRESS		
CEY S1 702	MARCO ISLAND FL	•		1.4 City-St-ZIP		
Milit	VP		DELETE	21 THLE		Change Additio
NAMI	GIANDONATO, MA			2 2 NAME		<u></u> 5 <u></u>
STREET ADORESS	AATZA OLD AULE DI	D.		2.3 STREET ADDRESS		
OITY- \$1, 29	WESLEY CHPEL FL			2. 4 CITY - ST - ZIP		
THIE	VP		DELETE	3.1 TITLE		Change Additio
NAMI	MCGOWAN, MARG	ARFT (3.2 NAME		
STREET ADDRESS	OLO TIME OIDE OOK		I HILL ROAD	3.3 STREET ADDRESS		
(i) v - 51 - 2ib	MARLBORO MA	002, 1100		3.4. CHY+ST-ZIP		
1iI,£			DELETE	4 1 TITLE		Change Additio
NAVi			_	4 2 NAME		_ , , _ ,
				4.3 STREET ADORESS		
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STREET ASCUREDS						
ÇTY-SEZIR			DELETE	4.4 CITY-ST-ZIP		Change Addition
(4) - ST ZIP 1944			DELETE	4 4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addilloo
0.00 AVA 0.00 AVA 0.0			☐ DELETE	4.4 CITY-ST-ZIF 5.1 TITLE 5.2 NAME		Change Addition
OTY STORM OTHE NAME STREET ACTIVITIES			☐ DELETE	4 4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addilio
CONTROL ZON TOTAL NAME STREET ACTIVITIES OF CONTROL ZON				4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
CTY SEZIE TOTAL NAME STREET ACTUSE OF CITY SEZIE TOTAL			☐ DELETE	4 4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		
CTV-SLZIP TOTAL NAME STREET ACTIVITIES OF CITY SLZIP TOTAL NAME				4 4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		
CTY STORM THE NAME STREET ALCOHOLOGY COTY STORM THE				4 4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		

information if distriction 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, if the analysis on a gradient with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/7/97 941-394-402c