

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H85744 (1)  
1. Corporation Name  
SOUTHWEST ASSURANCE CORPORATION



Principal Place of Business 12730 NEW BRITTANY BLVD SUITE 304 FORT MYERS FL 33907	Mailing Address 12730 NEW BRITTANY BLVD SUITE 304 FORT MYERS FL 33907
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13180 Cleveland Ave Suite, Apt. #, etc. 22 Suite 229 City & State 23 N Ft Myers, FL Zip 24 33903 Country 25 Lee		2a. Mailing Address 26 13180 Cleveland Ave Suite, Apt. #, etc. 27 Suite 229 City & State 28 N Ft Myers, FL Zip 29 33903 Country 30 Lee		3. Date Incorporated or Qualified 11/18/1985	
		4. FEI Number 59-2641645		Applied For Not Applicable	
		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent PANKOW, JACK 13180 CLEVELAND AVE N FT MYERS FL 33903				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President & Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Hyde, Robert J			1.2 NAME	Jack Pankow		
STREET ADDRESS	12730 NEW BRITTANY BLVD, SUITE 304			1.3 STREET ADDRESS	13180 Cleveland Ave, Suite 229		
CITY-ST-ZIP	FORT MYERS FL 33907			1.4 CITY-ST-ZIP	N Ft Myers, FL 33903	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE			
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	Carol Hyde, Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	Carol Hyde		
STREET ADDRESS				3.3 STREET ADDRESS	1901 Clifford St, Unit 1101		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Ft Myers, FL 33901	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

Jack Pankow 4/23/98 656-1809

CR2E034 (10/97)