PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J31612

S AND W PROPERTIES, INC.

	·				<u> </u>	I WATER BANDA WATER WA	#II Bib il 188 1
Principal Place	e of Business	Mailing Address					
1740 N FT HARRISON AVE P O BOX 23							
The Box 25			5 . 1		DO NOT WRITE IN THIS SPACE		
SAFTEY HARBOR FL 34695 US					3. Date Incorporated or Qualifed		
03					09/02/1986		
2 Deinsinel Di	loss of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Anr	olied For
· ·	lace of Business	— *			59-2890005		Applicable
21	# -t-	26 Suite, Apt. #, etc.				\$8.75 A	
Suite, Apt.	#, 61C.	⊢ ' ' '			5. Certificate of Status Desired	Fee Re	
22		City & State		·			<u>`</u>
City & State	e	⊢			6. Election Campaign Financing Trust Fund Contribution	\$5.00 to Added to	
23	0	28	Cou	ntn.			rees
Zip	ا	Zip	30	ilit y	This corporation owes the current year to Personal Property Tax.		□No
24	25	29	[30]	ı 	10. Name and Address of New Registere		
-	9. Name and Address of Curren	it Registered Agent		81 Name	TO, ITALINE AND MUDIESS OF HEW MEGISTERS	u rigorit	
CAM	ISON, JOHN H.			Name			
1740 NO. FT. HARRISON AVE.			82 Street Addr	ess (P.O. Box Number is Not Acceptable)			
CLEARWATER FL 34616				<u> </u>			
CLE	ARWATER FL 34010			83			
				84 City	<u></u>	. 85 Zip C	ode
				-	<u>F</u>	LII	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the a	bove-named corp	oration submits this statement for the purpose	of changing its	registered
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was a itions of, Section 607,0505, Flo	iutnonzed irida Stati	o by the corporation utes.	on's board of directors. I hereby accept the app	Miniment as reg	Jistered
-	and an analysis of the series						
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered	Agent signature required	d when reinstating) DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PVST	☐ DELETE	1.1 11	rle	· 其 " 网络爱斯山楂	Change,	* Addition
NAME	SAMSON, JOHN HUGH		1.2 N	AME		•	
STREET ADDRESS	1740 N. FT. HARRISON AVE		1.3 ST	REET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		1.4 CI	TY-ST-ZIP	•		
TITLE		☐ DELETE	2.1 TI			☐ Change	☐ Addition
NAME			2.2 N	AME			
STREET ADDRESS	·			REET ADDRESS			
			2.50				
CITY-ST-ZIP			2.40	1			
TITLE		□ nel ete		ITY-ST-ZIP		Change	☐ Addition
		☐ DELETE	3.1 TI	ITY-ST-ZIP		Change	☐ Addition
NAME		☐ DELETE	3.1 TI 3.2 N/	ITY-ST-ZIP TLE		☐ Change	☐ Addition
STREET ADDRESS		☐ DELETE	3.1 TI 3.2 N/ 3.3 ST	ITY-ST-ZIP TLE AME TREET ADDRESS		Change	Addition
STREET ADDRESS CITY-ST-ZIP			3.1 TI 3.2 N/ 3.3 ST 3.4. C	ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP		, , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS		☐ DELETE	3.1 TI 3.2 N/ 3.3 ST 3.4. C 4.1 TI	ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			3.1 TI 3.2 Nu 3.3 ST 3.4. C 4.1 TF 4. 2 N	ITY-ST-ZIP TLE MME TREETADDRESS ITY-ST-ZIP TLE AME	4	, , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS CITY-ST-ZIP TITLE			3.1 TI 3.2 Nu 3.3 ST 3.4. C 4.1 TF 4. 2 N	ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE	0	, , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.1 TI 3.2 NJ 3.3 ST 3.4. C 4.1 TI 4.2 N 4.3 ST	ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AAME RREET ADDRESS TY-ST-ZIP	0	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.1 TI 3.2 NJ 3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI	ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE TY-ST-ZIP TLE	0	, , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TI 3.2 NJ 3.3 ST 3.4. C 4.1 TI 4.2 N 4.3 ST	ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE TY-ST-ZIP TLE	•	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.1 TI 3.2 N 3.3 ST 3.4 C 4.1 TF 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N	ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE TY-ST-ZIP TLE		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.1 TT 32 NV 3.3 ST 3.4 .C 4.1 TF 4.2 NV 4.3 ST 4.4 CO 5.1 TT 5.2 NV 5.3 ST 5.3	ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AAME REET ADDRESS TY-ST-ZIP TLE TY-ST-ZIP TLE		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.1 TT 32 NV 3.3 ST 3.4 .C 4.1 TF 4.2 NV 4.3 ST 4.4 CO 5.1 TT 5.2 NV 5.3 ST 5.3	ITY-ST-ZIP TLE MME TREET ADDRESS ITY-ST-ZIP TLE AAME TREET ADDRESS TY-ST-ZIP TLE AAME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP	•	☐ Change	Addition

14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90149 012 ***158.75