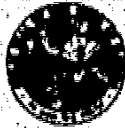


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J34384 (4)

1. Corporation Name

SOWARDS MANAGEMENT GROUP, INC.

Principal Place of Business

1615 N ATLANTIC AVE
SUITE 117
COCOA BEACH FL 32901

Mailing Address

1615 N ATLANTIC AVE
SUITE 117
COCOA BEACH FL 32901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/22/1986

3a. Date of Last Report
04/20/1994

4. FEI Number
59-2742207

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1675 N. ATLANTIC AVE

2a. Mailing Address

26 1675 N. ATLANTIC AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 COCOA BEACH FL

City & State

28 COCOA BEACH FL

Zip

24 32931

Country

25 US

Zip

29 32931

Country

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOWARDS, BRADFORD E.
1615 N. ATLANTIC AVE. #117
COCOA BEACH FL 32931

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1675 N. ATLANTIC AVE.

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 607.0506, Florida Statutes.

SIGNATURE

Signature of individual or official name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

4/7/95

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
VST	SOWARDS, STEPHANIE A	1675 1615-N ATLANTIC AVE 117	COCOA BEACH FL
D	SOWARDS, STEPHANIE A	1675 1615-N ATLANTIC AVE 117	COCOA BEACH FL
D	SOWARDS, BRADFORD E.	1675 1615-N ATLANTIC AVE 117	COCOA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE	Change	Addition
12 NAME	☐	☐
13 STREET ADDRESS	☐	☐
14 CITY - ST - ZIP	☐	☐
2. 1 TITLE	☐	☐
22 NAME	☐	☐
23 STREET ADDRESS	☐	☐
24 CITY - ST - ZIP	☐	☐
3. 1 TITLE	☐	☐
32 NAME	☐	☐
33 STREET ADDRESS	☐	☐
34 CITY - ST - ZIP	☐	☐
4. 1 TITLE	☐	☐
42 NAME	☐	☐
43 STREET ADDRESS	☐	☐
44 CITY - ST - ZIP	☐	☐
5. 1 TITLE	☐	☐
52 NAME	☐	☐
53 STREET ADDRESS	☐	☐
54 CITY - ST - ZIP	☐	☐
6. 1 TITLE	☐	☐
62 NAME	☐	☐
63 STREET ADDRESS	☐	☐
64 CITY - ST - ZIP	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/95 407-783-7676