

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

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90016 010 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J92650

1. Corporation Name
SWEETWATER CENTER, INC.



Principal Place of Business 5787 5800 TAYLOR BRANCH ROAD PORT ORANGE FL 32127 50 KASHMIR TRAIL PALM COAST, FL 32164	Mailing Address 1115 HARMS WAY PORT ORANGE FL 32119 50 KASHMIR TRAIL PALM COAST, FL 32164
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 50 KASHMIR TRAIL Suite, Apt. #, etc. 22	2a. Mailing Address 26 50 KASHMIR TRAIL Suite, Apt. #, etc. 27
City & State 23 PALM COAST, FL Zip Country 24 32164 25 U.S.A.	City & State 28 PALM COAST, FL Zip Country 29 32164 30 USA.

3. Date Incorporated or Qualified 09/17/1987	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2840530	5. Certificate of Status Desired <input checked="" 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
D'ALEXANDER, DOMINIC
1115 HARMS WAY 50 KASHMIR TRAIL
PORT ORANGE FL 32119 PALM COAST, FL
32164

10. Name and Address of New Registered Agent
81 Name SAME
82 Street Address (P.O. Box Number is Not Acceptable) 50 KASHMIR TRAIL
83
84 City PALM COAST, FL FL 85 Zip Code 32164

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 *Dominic D Alexander* DATE 4/30/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTS	<input checked="" type="checkbox"/> DELETE
NAME	D'ALEXANDER, DOMINIC	
STREET ADDRESS	1115 HARMS WAY	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	DM	<input checked="" type="checkbox"/> DELETE
NAME	D'ALEXANDER, KATHERINE	
STREET ADDRESS	1115 HARMS WAY	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D'ALEXANDER, DOMINIC	
1.3 STREET ADDRESS	50 KASHMIR TRAIL	
1.4 CITY-ST-ZIP	PALM COAST, FL 32164	
2.1 TITLE	DM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D'ALEXANDER, KATHERINE	
2.3 STREET ADDRESS	50 KASHMIR TRAIL	
2.4 CITY-ST-ZIP	PALM COAST, FL 32164	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 life empowered.

SIGNATURE: *Dominic D Alexander* DATE 4/30/99 DAYTIME PHONE # 904-586-3808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)