


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

FILED  
Apr 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J95086** (1)  
1. Corporation Name  
**S.W. JOHNSON INVESTMENTS, INC.**



Principal Place of Business <b>2029 CALUSA LAKES BLVD SUITE 221-B NOKOMIS FL 34275 US</b>	Mailing Address <b>2029 CALUSA LAKES BLVD SUITE 221-B NOKOMIS FL 34275 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 2106 Muskogee Trail</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 2106 Muskogee Trail</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>10/01/1987</b>	
22 City & State <b>23 Nokomis, FL</b> Zip <b>24 34275</b> Country <b>25</b>		27 City & State <b>28 Nokomis, FL</b> Zip <b>29 34275</b> Country <b>30</b>		4. FEI Number <b>65-0007598</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				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 <b>JOHNSON, SHERELL W 2029 CALUSA LAKES BLVD SUITE 610 NOKOMIS FL 34275</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>2106 Muskogee Trail</b>			
				83			
				84 City <b>Nokomis</b> <b>FL</b> 85 Zip Code <b>34275</b>			

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			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PD			1.1 TITLE			
NAME	JOHNSON, SHERRELL W.			1.2 NAME			
STREET ADDRESS	2029 CALUSA LAKES BLVD			1.3 STREET ADDRESS	2106 Muskogee Trail		
CITY-ST-ZIP	NOKOMIS FL			1.4 CITY-ST-ZIP	Nokomis, FL 34275		
TITLE	<input type="checkbox"/> DELETE			2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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)(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 on an attachment with an address.

SIGNATURE:

Sherell W. Johnson, Jr.

941-484-6004

CR2E034 (10/97)