Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90166 001 \*1,861.25

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **K20254**

SWFE -	FLAGLER, INC.									
Principal Place of Business Mailing Address							E IMBLATIT OIR HOUS ANDER SINNS ATUS ATUS	#48() #1811 8(811 81811	01911 #}B\$1 1 <b>2</b> 91	
401 NW 38TH ( P. O. BOX 350 MIAMI FL 3313	940	401 NW 38TH COURT P. O. BOX 350940 MIAMI FL 33135				ļ.,	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
						'	04/06/1988			
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			1	4. FEI Number	T A	pplied For	
21		26				65-0069736	N	ot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired	<b>T</b> .	Additional equired	
City & Stat	e .	City & State	<b>⊢</b> , '				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country Zip 30			Country			<ol><li>This corporation owes the current ye Personal Property Tax.</li></ol>	ar Intangible	□No	
9. Name and Address of Current Registered Agent					,	10	10. Name and Address of New Registered Agent			
HAVENICK, FRED 401 N.W. 38TH CT			-	81	Name Street	et Address (P.O. Box Number is Not Acceptable)				
MIAI	MI FL 33126			83				•		
				84 City				FL 85 Zip	Code	
I office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change w	as authorize	d by	the corbo	corporati oration's	ion submits this statement for the purpo board of directors. I hereby accept the	se of changing its appointment as re	s registered egistered	
SIGNATURE	Classic Academic and Academic	east and title if agricable /	NOTE: Registere	od Ame	nt signature n	enuired whe	no reinstatura) DA	TE ,		
12.	Ognowal, speak of			13.			ADDITIONS/CHANGES TO OFFICER	RS AND DIRECT	ORS IN 12	
TITLE	D	☐ DELETE		1.1 TITLE				Change	Addition	
NAME	AMDUR, ISABELLE		1.21	1.2 NAME						
STREET ADDRESS	s 401 N.W. 38TH CT		1.3 9	1.3 STREET ADDRESS						
CITY-ST-ZIP	-ZIP MIAMI FL		1.40	1.4 CITY-ST-ZIP						
TITLE	D	☐ DELETE		2.1 TITLE				☐ Change	☐ Addition	
NAME	HAVENICK, BARBARA		2.2 }	2.2 NAME						
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		2.3 9	2.3 STREET ADDRESS		ļ		*		
CITY-ST-ZIP	MIAMI FL			2. 4 CITY-ST-ZIP						
TITLE	<b>EPT</b> □ DELETE			3.1 TITLE				☐ Change	Addition	
NAME	HAVENICK, FRED			NAME						
STREET ADDRESS	1		3.3 5	TREE	TADDRESS					
CITY-ST-ZIP	MIAMI FL		3.4.	CITY-	ST-ZIP					

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 suppliemental 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 of 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

☐ DELETE

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

HECHT, FLORENCE

401 N.W. 38TH CT

MIAMI FL

TITLE NAME

Change

Change

Change

Addition

☐ Addition

Addition