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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jun 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K45588

(6)

SWAN DEVELOPMENT CORP.												
Principal Place	e of Rusiness		iling Address									
•			_						. 6.6 6.5		·····	
4475 US 1 SOUTH 203			4475 US 1 SOUTH 203									
ST. AUGUSTINE	E FL 32086	ST.	AUGUSTINE FL 32086	6-7200								
US			US				3. Date Incorporated or Qualified					
A D S S S S S S S S S S	Lead During		44-10					11/10/1988	02	<u>/01/1996 </u>		
	lace of Business	├ 1	Mailing Address					4. FEÌ Number			oplied For	
Suite, Apt.	#. etc.	26	Suite, Apt. #, etc.					65-0092196		\$8.75	ot Applicable	
22			7					5. Certificate of Status Desired		Fee Re		
City & State			City & State					6. Election Campaign Financing		\$5.00		
23		28						Trust Fund Contribution		Added t		
Zip	Country Zip C				ountry 8. This corporation			8. This corporation has liability for	s liability for intengible tax under s. 199.032,			
24	25						Florida Statutes 🔼 Yes 🗌 No					
	9. Name and Address of Curre	nt Regist	ered Agent		81	Name		10. Name and Address of New R	egistered	Agent		
	N D BAILEY, JR				"	l Manie						
	NORTH PONE DE LEON BOUL	EVARD			82	Street	Addre	ss (P.O. Box Number is Not Accepta	ble)			
S1. /	AUGUSTINE FL 32084				83							
			٠		84	1 1			FL	11	Code	
11, Pursuant office or r agent. I a	A /							oration submits this statement for the on's board of directors. I horeby accentiations are the orange of the orang	purpose optithe ap	of changing it pointment as	ts registered registered	
12.	OFFICERS AN			13.	u Age	on algrana	eradarea	ADDITIONS/CHANGES TO OFFI		ID DIRECTOR	2S IN 12	
TITLE	DP	DELETE				T			Change	Addition		
NAME	GRAM, ANTHONY			1.2 N	IAME		1				•	
STREET ADDRESS	4475 US 1 SOUTH, SUITE 203	3		1.3 \$	TREET	ADDRESS					•	
CITY-ST-ZIP	ST. AUGUSTINE FL		1,0			51 - <i>2</i> 1P						
TITLE	DVS		☐ DELETE	2.17	2.1 TO LE					Change	☐ Addition	
NAME	GRAM, RUDY			2.2 N	AME							
STREET ADDRESS	4475 US 1 SOUTH, SUITE 20:	3		2.3 S	TREET	ADDRESS	(
CITY-ST-ZIP	ST. AUGUSTINE FL					S1 - 21P	1					
TITLE			DELETE		3 1 TITLE					Change	☐ Addition	
NAME				32 N			ĺ					
STREET ADDRESS				1		ADDRESS						
CITY-ST <u>.</u> ZIP TITLE			DELETE	3.4. (4.1 T		ST-ZIP	 			Change	Addition	
					NAME					change	LJ Addition	
STREET ADDRESS				1		ADDRESS	1					
CITY-ST-ZIP						ST - ZIP						
TITLE			DELETE	5.1 T		51 - Zir	 			Change	Addition	
NAME				5.2 N								
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP	,			- 1		51 - 71P	1					
TITLE			DELETE	6.11			1			Change	Addition	
NAME				62 N	IAME							
STREET ADDRESS				635	AREET	ADDRESS						

CNATURE X PAIN SPAM STANCE ONL- TOUL TO

nous report or supplemental annual report is true and assura he corporation or the receiver or trustee empowered to execute

6.4 DITY-ST-ZIP

qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the of is true and ascurate and that my signature shall have the same legal effect as if made under oath; that impowered to execute his report as required by Chapter 607, Florida Statutes; and that my name