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FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **K69999** (6)
 1. Corporation Name
SOUTH WEST HOTELS CORP.



Principal Place of Business: **6950 HUNTERS DR NAPLES FL 34109 US**
 Mailing Address: **6950 HUNTERS DR NAPLES FL 34109 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **P.O. Box 131098**
 2a. Mailing Address: **P.O. Box 131098**
 22. City & State: **HOUSTON TX**
 23. City & State: **HOUSTON TX**
 24. Zip: **77219** Country: **USA**
 25. Zip: **77219** Country: **USA**

3. Date Incorporated or Qualified: **03/03/1989**
 4. FEI Number: **65-0200475**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
KILLEN, THOMAS
6950 HUNTERS DRIVE
NAPLES FL 34109

10. Name and Address of New Registered Agent
 81 Name: **RALPH A. RICHARDSON**
 82 Street Address (P.O. Box Number is Not Acceptable): **27725 Old 41 Road, #104**
 84 City: **Bonita Springs** FL 85 Zip Code: **34135**

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: *Ralph A. Richardson* DATE: **3/3/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTERSTEIN, REINHOLD	1.2 NAME	
STREET ADDRESS	6950 HUNTERS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTERSTEIN, THERESA	2.2 NAME	
STREET ADDRESS	6950 HUNTERS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, MATTHEW	3.2 NAME	Walsh, Matthew
STREET ADDRESS	2400 LAVISTA	3.3 STREET ADDRESS	2670 Marilla Lane #B-35
CITY-ST-ZIP	MCALLEN TX	3.4 CITY-ST-ZIP	Houston, Texas 77057
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILLEN, THOMAS	4.2 NAME	
STREET ADDRESS	6950 HUNTERS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE		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		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, or on an attachment with an address.
 SIGNATURE: *Matthew A. Walsh* DATE: **3/6/98**

CP2E034 (10/97)

DEP. \$150.00