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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K79047

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SWS INCORPORATED

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FILED Jan 24 1997 8:00am Secretary of State

0110 11	TOOM OTHER						
Principal Place of Business		Mailing Address	Mailing Address		4 JCCS,CAMIS ON CREATE ARMY MANIL BROND CORPS ON DESIGN OF DET CHARL BY ONE 1909 I		
% D. WAYNE SMITH 1000 E SEMORAN BLVD APOPKA FL 32703		% D. WAYNE SMITH 1000 E SEMORAN BLVE APOPKA FL 32703-5521	1000 E SEMORAN BLVD				
					3. Date Incorporated or Qualified 03/31/1989	3a. Date of Last 02/02/1996	<u> </u>
· ·	lace of Busness	2a. Mailing Address			4. FEI Number	 	Applied For
21 Suite, Apt	# elc.	Suite, Apt. #, etc			58-1835929	\$8.75	Not Applicable Additional
22		F	27		5. Certificate of Status Desired		Required
City & Sta	te	City & State			6. Election Campaign Financing	\$5.0	May Be
23		28		······································	Trust Fund Contribution	Added Added	d to Fees
Zip	Country	Zip	Coun	try	8. This corporation has liability for	intangible tax under	s. 199.032,
24	25 9. Name and Address of Curre	nt Registered Agent	30		Florida Statutes 10. Name and Address of New Re	Yes No	
		in negistareo Agent		31 Name	IO. Haire Shu Address of New Ac	Mainten Whelit	
	ITH, D. WAYNE						
1000 E. SEMORAN BLVD.			[8	32 Street Add	ress (P.O. Box Number is Not Acceptable)		
AP	OPKA FL 32703		ļ.	33			
			Ĺ				
			1	City		FL 85 Zip	p Code
SIGNATURE	am familiar with, and accept the oblig	ertamente e d'angleable (No	OTE: Registered		iired when reinstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFE		*****
TILE	DP	☐ DELETE	11111	!		Change	Addition
NAME DESCRIPTION	SMITH, D. WAYNE 7117 WOODED VILLAGE LAN	SC	1.2 NAM	\ \			
STREET ADDRESS	ORLANDO FL	KE	4	EET ADDRESS			
CITY-ST-Z₽ TITLE	DV	DELETE	2.1 7171	r - ST - ZIP		Change	e 🔲 Additio
NAMÈ	SMITH, GREG			AE .			
STREET ADORESS	AUD ON LOUIS DESCRIPTION		ľ	EET ADDRESS			
CITY ST ZIP	ORLANDO FL		1	Y-ST-ZIP			
TITLE	DST	☐ DELETE	3.1 7.71		2010	Change	Addition
NAME	SMITH, SANDRA		3 2 NA	AE			
STREET ADDRESS	7117 WOODED VILLAGE LN		3.3 STR	EET ADDRESS			
Coty - St - ZiP	ORLANDO FL			Y-ST-ZIP			
TITLE	DV	☐ DELETE	4.1 THI			L Change	Addition
NAME	SMITH, SCOTT W		4 2 NA]	<u></u>		
STREET ADDRESS	5604 BLUE SHADOW CT			EET ADDRESS	mer stiller	F*1 TT + 1	
CITY - ST - ZIP	ORLANDO FL	DELETE	4.4 CIT 5.1 TITI	Y · ST - ZIP		Change	e [Addition
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STREET ADDRESS			1	REET ADDRESS			
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TITLE		DELETE	6.1 TrT			Change	e
NAM!			6.2 NAI	ME	•		
STREET ADDRESS	,		6.3 STF	REET ADDRESS			
CITY - ST - ZIP				Y-ST-ZIP			
4 4 1 1		and could be to fill an almost man are	atif. for the		od in Contine 110 07(2)(i) Florida Ctatut	14	- 1 41

14. Edo hereby cert by that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chargled, or on an attachment with an address.

SIGNATURE:

AND TYPE OF PRINTED NAME OF STRING OFFICER OR DIRECTOR

1/13/97

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