

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG 10 PM 12:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L15854 (7)
1. Corporation Name
SWIFT ELECTRONICS OF FLORIDA, INC.

Principal Place of Business: **3620 N ANDREWS AVE OAKLAND PARK FL 33309 US**
Mailing Address: **3620 N ANDREWS AVE OAKLAND PARK FL 33309 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/11/1989** 3a. Date of Last Report: **03/07/1994**
4. FEI Number: **65-0146410** Applied For: Not Applicable:
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30
City, Apt. #, etc.: 22
City & State: 23
Zip: 24, 25, 29, 30

9. Name and Address of Current Registered Agent
**SWIFT, PHYLLIS
3620 N ANDREWS AVE
OAKLAND PARK FL 33309**

10. Name and Address of New Registered Agent
81 Name: **SHERYL SWIFT**
82 Street Address (P.O. Box Number is Not Acceptable): **3620 N. Andrews Ave.**
83
84 City: **OAKLAND PARK FL** 85 Zip Code: **33309**

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: *Sheryl Swift* **SHERYL SWIFT** 8/2/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SWIFT, PHYLLIS
STREET ADDRESS	45 CANTERBURY LN
CITY- ST- ZIP	TAMARAC FL
TITLE	P
NAME	SWIFT, PHYLLIS
STREET ADDRESS	45 CANTERBURY LANE
CITY- ST- ZIP	TAMARAC FL
TITLE	ST
NAME	SWIFT, SHERYL
STREET ADDRESS	19 PLEASANT HILL LANE
CITY- ST- ZIP	TAMARAC FL
TITLE	V
NAME	SWIFT, RAY
STREET ADDRESS	19 PLEASANT HILL LANE
CITY- ST- ZIP	TAMARAC FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SWIFT, SHERYL
1.3 STREET ADDRESS	19 PLEASANT Hill Lane
1.4 CITY- ST- ZIP	TAMARAC FL 33319
2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SWIFT, SHERYL
2.3 STREET ADDRESS	19 PLEASANT Hill Lane
2.4 CITY- ST- ZIP	TAMARAC FL 33319
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Sheryl Swift* **SHERYL SWIFT** 8/2/95 **305-563-3393**
Signature and typed or printed name of signing officer or director. Date. Telephone Number

CR2E094 (3/95)