

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

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Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L35067** (2)

1. Corporation Name:
S.W. INVESTMENT SERVICES, INC.



Principal Place of Business % JOANNE I. HEAGNEY 5900 JOHNSON STREET HOLLYWOOD FL 33021	Mailing Address % JOANNE I. HEAGNEY 5900 JOHNSON STREET HOLLYWOOD FL 33021-5638
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3. Date Incorporated or Qualified 12/08/1989	3a. Date of Last Report 04/26/1996
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2. Principal Place of Business 21 % J. Heagney Suite, Apt. #, etc. 22 5900 Johnson Street City & State 23 Hollywood, FL Zip 24 33021	2a. Mailing Address 26 % J. Heagney Suite, Apt. #, etc. 27 5900 Johnson Street City & State 28 Hollywood, FL Zip 29 33021
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4. FEI Number 65-0161270	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HEAGNEY, JOANNE I.
5900 JOHNSON STREET
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name J. Heagney
82 Street Address (P.O. Box Number is Not Acceptable) 5900 Johnson Street
83 Hollywood, FL 33021
84 City FL 85 Zip Code

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 *J. Heagney, President* **J. Heagney** 4/9/97
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DP	<input checked="" type="checkbox"/> DELETE
NAME HEAGNEY, JOANNE I.	
STREET ADDRESS 5900 JOHNSON STREET	
CITY-ST-ZIP HOLLYWOOD FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME J. Heagney	
1.3 STREET ADDRESS 5900 Johnson Street	
1.4 CITY-ST-ZIP Hollywood, FL 33021	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: *J. Heagney, President* **J. Heagney** 4/9/97 (305)477-7077
(Signature and typed or printed name of signing officer or director) (Date) (Daytime Phone #)

CR2E034 (9/96)