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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(2)

SWEENY & ASSOCIATES, INC.

FILED Jan 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					I LOSEEDER DIT DIEDE DELLE BERKE BOUND IIII DEBRE DIDIT DERLE BUDIT DIDIT CONT.	
C/O H. W. ALLEN SWEENY C/O H. W. ALLEN SWEEN			MY	,		
2000 SOUTH BAYSHORE DRIVE #50		2000 SOUTH BAYSHORE DRIVE #50				
COCONUT GROVE FL 33133		COCONUT GROVE FL 33133				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						01/24/1990
	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0170211 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22	-	27				- Fee Required
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be
Zip	Country	28 7:n		. 190 6 171 4		Trust Fund Contribution Added to Fees
24	Country	Zip		untry		8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Current	29 Registered Agent	30	_		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
		negistered Agent		81	Name	,
•	EENY, H. W. ALLEN				1 123711	
	00 SOUTH BAYSHORE DRIVE #50	82 Street Ac		Stree	et Address (P.O. Box Number is Not Acceptable)	
CO	CONUT GROVE FL 33133			83		
				"		
				84	City	Fi 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statut	es, the a	1 above	-name	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.		ni signatu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P/S	DELETE	_	TILE		Change Addition
NAME	SWEENY, H. W. ALLEN	—		AME		
STREET ADORESS	2000 SOUTH BAYSHORE DRIV	E #50		_	ADDRESS	,
CITY-ST-ZIP	COCONUT GROVE FL 33133	L #00		OTY-S		
TITLE	VP	☐ DELETE		TILE	I - ZIF	Change Addition
NAME	SWEENY, DAVID			IAME		
STREET ADDRESS	2000 SOUTH BAYSHORE DRIV	T #50			ADDRESS	
	COCONUT GROVE FL 33133	L #J0	1			
CITY-ST-ZIP TITLE	COCONOT GROVE LE 33133	DELETE	3.17	CHY-S	1-20	Change Addition
NAME	1			LAME		The strange of wordings
·	1	•			*DD0CCC	
STREET ADDRESS	•				ADDRESS	>
CITY-ST-ZIP TITLE		☐ DELETE	3.4. 4.1 T	CITY-S	ı-ZIP	Change Addition
		C) Deteic				Change Addition
NAME				NAME		
STREET ADDRESS					adoress	S
CITY-ST-ZIP		DELETE	_	:ITY-\$1	r-ZIP	Change Addition
TITLE			5.1 7			El cusula, El Vigilioù
NAME			5.2 N			
STREET ADDRESS					ADDRESS	S
CITY-ST-ZIP		I Desert	_	ITY-S1	T- ZIP	
TITLE		L DELETE	6,1 T			Change Addition
NAME				IAME		
STREET ADDRESS			6.3 S	TREET	ADDRESS	S
CITY-ST-ZIP			6,4 0	ITY-S7	F-7IP	1

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: