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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L59140 1. Corporation Name

Principal Place of Business

SWAYSLAND PROFESSIONAL ENGINEERING CONSULTANTS,

Mailing Address

7301 N.W. 4TH SUITE 104	STREET	7301 N.W. 4TH STREET SUITE 104						
PLANTATION FL	33317	PLANTATION FL 33317				DO NOT WRITE IN TH	IS SPACE	<del> </del>
US		US				3. Date Incorporated or Qualifed 03/22/1990		
2 Principal Di	ace of Business	2a. Mailing Address				4. FEI Number	Apr	olied For
Z. Principal Pi	ace of pusifiess	— ·				65-0185473	Not	Applicable
21		Suite, Apt. #, etc.					\$8.75 A	
Suite, Apt. 1	#, etc.	27 Suite, Apr. #, etc.				5. Certificate of Status Desired	Fee Re	I
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Col	untry		8. This corporation owes the current year	Intangible	
<b>—</b> '	[25]	29	30			Personal Property Tax.		□No
24	9. Name and Address of Curren		1001	т		10. Name and Address of New Registere	d Agent	;
	9. Name and Address of Curren		-	81	Name			
CIA/A	VOLAND CTANLEY D			•			<u> </u>	
SWA 1091	N.W. 77TH AVENUE	<b>和語為其意思。"我"</b>	(H)2.0	82	Street Add	ress (P.O. Box Number is Not Acceptable)	فالمعوض فيهابي معتبعه	a
PLAN	NTATION FL 33322			83				
•			•	84	City	<del>्राच्या विश्वपाद के विश्वपित हो। इस उसे विश्वपाद के प्र</del>	85 Zip C	Côde
يعج عندي يحد	. v	A STATE OF THE STA		<u>                                     </u>	<u> </u>	poration submits this statement for the purpose	of changing its	registered
office or n	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida: Such change was:	autnorize	O DV	the corporati	on's board of directors. I hereby accept the app	pointment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered ager	NOT	E. Bosistoro	d Agent	t eignature roguire	ed when reinstating) DATE		
	Signature, typed of printed finite of registered age.	nt and title ii applicable. (190)	C: Ledisteia	a rigon	a agriculo require			
12.		ID DIRECTORS	13.		it aignature require	ADDITIONS/CHANGES TO OFFICERS		
12.	OFFICERS AN	<u> </u>		•	E SIGNATURE POPULATION	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change	RS IN 12
TITLE	OFFICERS AN	ID DIRECTORS	<b>13.</b>	ITLE	a signature require	ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME	OFFICERS AN P SWAYSLAND, STANLEY R.	ID DIRECTORS	13. 1.1 T 1.2 N	ITLE NAME		ADDITIONS/CHANGES TO OFFICERS		
TITLE	OFFICERS AN P SWAYSLAND, STANLEY R. 1091 N.W. 77TH AVE.	ID DIRECTORS	13. 1.1 T 1.2 N 1.3 S	TTLE NAME STREET	T ADDRESS	ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME	OFFICERS AN P SWAYSLAND, STANLEY R.	ID DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 C	ITLE NAME STREET	T ADDRESS	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
TITLE NAME STREET ADDRESS	OFFICERS AN P SWAYSLAND, STANLEY R. 1091 N.W. 77TH AVE.	ID DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T	TITLE HAME STREET	T ADDRESS	ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN P SWAYSLAND, STANLEY R. 1091 N.W. 77TH AVE.	ID DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T	ITLE NAME STREET	T ADDRESS	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
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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, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY+ST-ZIP

CITY-ST-ZIP

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90007 045 \*\*\*150.00