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

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90089 050 ***158.75

DOCUMENT # M64560 1. Corporation Name

SWISS ENTERPRISES, INC	٦.
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SWISS E	NTERPHISES, INC.										
Principal Place	of Business	Mailing A	ddress				ì				
258 COMMERCIA		2789 NE 3	7th Dr.								
SUITE #2A FT. LAUDERDALE FL 33308-3326							DO NOT WR	ITE IN THE	S SPACE		
LAUDERDALE BY THE SEA FL 33308						3. Date Incorporated or Qualifed					
US								01/13/1988			
	- F Duni- and	2a. Mailin	a Address					FEI Number		Арр	lied For
	ace of Business	26	9				1 (65-0025467		Not	Applicable
Suite, Apt.	# ota		Apt. #, etc.		_					\$8.75 Ad	
	#, etc.	27					5.	Certifcate of Status Desired		Fee Req	juired
City & State			State			_	6.	Election Campaign Financing	' D	\$5. 00 A	•
⊢ ¬ ′	,	28					1	Trust Fund Contribution		Added to	Fees
Zip	Country	Zip		Countr	у		8.	This corporation owes the cu	rrent year li		
24	25	29	[3	30				Personal Property Tax.			□No
24	9. Name and Address of Cur	rent Registered	Agent				10.	Name and Address of New	Registere	Agent	
				8	1 1	Name					
	MEY, THOMAS			8:	2 5	Street Addre	ess (P.	O. Box Number is Not Accep	table)	<u> </u>	
	NE 37TH DR										
FT. i	_auderdale fl 33308			8:	3						
				8-	4 (City		_		85 Zip C	ode
					- !	•	_		F		
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607 egistered agent, or both, in the St m familiar with, and accept the ob	ligations of, Section	on 607.0505, Flori	ida Statute	s.	amed corporatio			ept the app	ointment as reg	istered
	Signature, typed or printed name of registered			13.	jent se	grissure required	, wildin 10	ADDITIONS/CHANGES TO C	FICERS	AND DIRECTO	RS IN 12
12.		AND DIRECTOR	☐ DELETE	1.1 TITLE	:	T-		NODITIONOLULIA INC.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	☐ Addition
TITLE	DP			1.2 NAME							
NAME	TOOMEY, THOMAS					DORESS					
STREET ADDRESS	2789 NE 37TH DR.			1	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP						
CITY-ST-ZIP	FT. LAUDERDALE FL		DELETE	2.1 TITLE		<u></u> -		<u> </u>		Change	Addition
TITLE				2.2 NAM							
NAME				2.3 STRE		ODRESS					
STREET ADDRESS				2. 4 CITY				•		·	
CITY-ST-ZIP	-		DELETE	3.1 TITUE		-			*	☐ Change	Addition
TITLE				3.2 NAM							
NAME				3.3 STRI		DORESS					
STREET ADDRESS				3.4. CITY	/- ST-	ZIP					
CITY-ST-ZIP TITLE			DELETE	4.1 TITL						☐ Change	Addition Addition
				4, 2 NAN	ΑE	j		e e			
NAME				4.3 STRI	EET A	DDRESS					
STREET ADDRESS				4.4 CITY				<u> </u>			
CITY-ST-ZIP			☐ DELETE	5.1 TITL	_					☐ Change	☐ Addition
TITLE				5.2 NAM	Æ						
NAME				5.3 STR	EETA	DORESS					
STREET ADDRESS	3			5.4 CITY	/- ST-	ZIP Ì					
CITY-ST-ZIP TITLE			DELETÉ	6.1 TITL	Ē					Change	Addition
l				6.2 NAM	Æ						
NAME CTDEET ADDRESS				6.3 STR	EETA	DORESS					
STREET ADDRESS				6.4 CIT	Y-ST-	ZIP				<u> </u>	
CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ad with this filing d	one not qualify for	the even	ntio	n stated in i	Sectio	n 119.07(3)(i), Florida Statute	s. I further	certify that the	information

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 informati 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.

SIGNATURE: