

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:35

DOCUMENT # **M70543** (7)  
1. Corporation Name  
**SWISS CONCEPTS, INC.**

Principal Place of Business Mailing Address  
**3508 CHERRY PALM DRIVE TAMPA FL 33619-1366**      **3508 CHERRY PALM DRIVE TAMPA FL 33619-1366**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/26/1988**      3a. Date of Last Report **06/03/1994**

2. Principal Place of Business      2a. Mailing Address  
21      26

4. FEI Number **59-2896831**  
Applied For  Not Applicable

22. State, Apt. #, etc.      27. State, Apt. #, etc.  
City & State      28. City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. City & State      28. City & State  
24. Zip      25. Country      29. Zip      30. Country

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

9. Name and Address of Current Registered Agent  
**GLASGO, WILLIS R III  
3508 CHERRY PALM DR.  
TAMPA FL 33619**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code **FL**

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: **Willis R. Glasgo III**

Signature must be typed on printed name of registered agent and the 1 signature of the Registered Agent must be typed when required.

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	GLASGO, JOANNE K
STREET ADDRESS	1102 FREDRICK LANE
CITY, ST, ZIP	BRANDON FL 33511
TITLE	V
NAME	GLASGO, WILLIS R III
STREET ADDRESS	3508 CHERRY PALM DRIVE
CITY, ST, ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information included 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 in person. That I am an officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13 of a completed or on-file filing with an address.

SIGNATURE: **Joanne K. Glasgo**      **Joanne K. GLASGO**      1/9/95      623-8968