

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **M70543** (7)

1. Corporation Name

**SWISS CONCEPTS, INC.**



Principal Place of Business

**3508 CHERRY PALM DRIVE  
TAMPA FL 33619-1366**

Mailing Address

**3508 CHERRY PALM DRIVE  
TAMPA FL 33619-1366**

3. Date Incorporated or Qualified  
**02/26/1988**

3a. Date of Last Report  
**01/17/1995**

2. Principal Place of Business

21 **8411 LAUREL FAIR CIRCLE**

Suite, Apt. #, etc.

2a. Mailing Address

26 **8411 LAUREL FAIR CIRCLE**

Suite, Apt. #, etc.

4. FEI Number

**59-2896831**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

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



City & State

23 **TAMPA, FL. 33610**

City & State

28 **TAMPA, FL.**

Zip

Country

Zip

Country

24 **33610**

25

29 **33610**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GLASGO, WILLIS R III  
3508 CHERRY PALM DR.  
TAMPA FL 33619**

81 Name

**WILLIS R GLASGO III**

82 Street Address (P.O. Box Number is Not Acceptable)

**8411 LAUREL FAIR CIRCLE**

83

84 City **TAMPA**

FL

85 Zip Code **33610**

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**

*Willis R. Glasgo III*

**1/18/96**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT** ☐ DELETE

NAME **GLASGO, JOANNE K**  
STREET ADDRESS **1102 FREDRICK LANE**  
CITY-ST-ZIP **BRANDON FL 33511**

1.1 TITLE ☐ Change ☐ Addition

TITLE **V** ☐ DELETE

NAME **GLASGO, WILLIS R III**  
STREET ADDRESS **3508 CHERRY PALM DRIVE**  
CITY-ST-ZIP **TAMPA FL**

1.2 NAME ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.3 STREET ADDRESS **8411 LAUREL FAIR CIRCLE**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP **TAMPA, FL. 33610**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **WILLIS R GLASGO III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Willis R. Glasgo III*

**1/18/96**

Date

**(813) 623-3968**

Daytime Phone #

CR2E034 (12/95)