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

Maling Address 141 INTRACOASTAL CIR

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

11911 US HWY ONE

CITY-ST-ZIP

appears in Block 12 or Block

SIGNATURE:

13 if changed

- or - Juan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

عس



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000003518 (6)

SWAIN AND ASSOCIATES, INC.

TEQUESTA FL 33469-2710 STE 201 N PALM BEACH FL 33408 3a. Date of Last Report 3. Date incorporated or Qualified 01/15/1993 01/29/1996 2. Principal Place of Business 28. Mading Address 4. FEI Number Applied For 65-0383502 26 Not Applicable Suite Apt # etc Suite Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country $Z_{i}p$ Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 SWAIN, GARY L 141 INTRACOASTAL CIR Street Address (P.O. Box Number is Not Acceptable) TEQUESTA FL 33469 83 84 City Zip Code 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 Sugranue Typest or proceed some of registered agent and little if apolicable (NOTE: Registered Agent signature required when reinstalling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) DELETE Change Addition 11 TITLE THE SWAIN, GARY NAME 1.2 NAME CR2E034 141 INTRACOASTAL CIR STREET ADDRESS 1.3 STREET ADDRESS **TEQUESTA FL** 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE __ Change Addition TITLE 2.1 TITLE SWAIN, RITA 2.2 NAME NAME 141 INTRACOASTAL CIR STREET ADORESS 2.3 STREET ADDRESS **TEQUESTA FL** 2.4 CITY - ST - ZIP City - ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY - S1 - 7IP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - S1 - ZIP Addition DELETE 100 F 5 1 TITLE NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** 5.4 City - ST - ZiP CITY-S1-ZIF DELETE Addition 6.1 TITLE TITLE -01/29/97--01057 6.2 NAME NAME ***165.00 STREET ACCRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED Jan 28 1997 8:00am Secretary of State



14. I do 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