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FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000010153 (3)

1. Corporation Name

C. MIKE SWETT, INC.

Principal Place of Business

10021 SW 112 ST
MIAMI FL 33176
US

Mailing Address

10021 SW 112 ST
MIAMI FL 33176-3478
US



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MANASH, CHARLES SR
10021 SW 112 ST
MIAMI FL 33176

3. Date Incorporated or Qualified

02/10/1993

3a. Date of Last Report

01/30/1996

4. FEI Number

65-0458471

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

(Not a corporation, partnership, or other entity, if applicable)

(Not a corporation, partnership, or other entity, if applicable)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11.2 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11.3 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11.4 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11.5 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11.6 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11.7 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

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 is correct 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:

Charles E. Manash
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles E. Manash
3/12/97
1-305-
662-5405

Date

Daytime Phone: #

02323A1

CR2E034 (9/96)