FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE

APPROVED AND FILED

MAY 13 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000029408 (0)

1. Corporate Name
RSW ASSOCIATES, INC.

Principal Place of Business
2204 PAGET CIRCLE
NAPLES FL 33962

Mailing Address
2204 PAGET CIRCLE
NAPLES FL 33962

Date of Last Report

3. Date of Incorporation / Qualification: 04/21/1993
3a. Date of Last Report: 06/16/1994

2. Principal Place of Business
21
State Agency
22
City, State
23
City
24
State
25

2a. Mailing Address
26
State Agency
27
City, State
28
City
29
State
30

4. FEI Number: 65-0403518
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. The corporation has elected to be taxed as an S Corporation under Sec. 1372 of the Internal Revenue Code: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROMAN, PAUL E
1555 PALM BEACH LAKES BLVD.
SUITE 1000
WEST PALM BEACH FL 33401

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 Section 607.0505 of the Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Executed as a document of 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

12. OFFICERS AND DIRECTORS

TITLE D	
NAME	WEINER, ROBERT S
STREET ADDRESS	2204 PAGET CIRCLE
CITY, ST, ZIP	NAPLES FL 33962
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is true and accurate and that, if applicable, the amount of fees authorized to be charged against the corporate account is sufficient to pay the fees required by this report. I further certify that I am a duly authorized officer of the corporation or a receiver or trustee or other court appointed fiduciary of the corporation.

SIGNATURE: X Robert S Weiner 5-12-95 813 7749474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT S. WEINER

0330382 CP