

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000045385 (0)**
1. Incorporation Number
SWI, INC.

Principal Place of Business: **4340 W. HILLSBOROUGH AVE. TAMPA FL 33614 US**
Mailing Address: **4340 W. HILLSBOROUGH AVE. TAMPA FL 33614 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/21/1993** 38. Date of Last Report: **07/08/1994**
4. FEI Number: **59-3191903** 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 § 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **4340 W. Hillsborough Ave.**
26. Mailing Address: **4340 W. Hillsborough Ave.**
27. City & State: **Tampa, FL**
28. City & State: **Tampa, FL**
29. Zip: **33614** 30. Country: **US**

9. Name and Address of Current Registered Agent: **STOESSNER, MICHELLE M 4340 W. HILLSBOROUGH AVE. TAMPA FL 33614**
10. Name and Address of New Registered Agent:
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ B5 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 607.0509, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE: DP	12.2 NAME: STOESSNER, MICHELLE M	13.1 TITLE: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.3 STREET ADDRESS: 4340 W. HILLSBOROUGH AVE.	12.4 CITY, ST, ZIP: TAMPA FL	13.2 NAME: _____	
12.5 TITLE: _____	12.6 NAME: _____	13.3 STREET ADDRESS: _____	
12.7 STREET ADDRESS: _____	12.8 CITY, ST, ZIP: _____	13.4 CITY, ST, ZIP: 33614	
12.9 TITLE: _____	12.10 NAME: _____	13.5 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 STREET ADDRESS: _____	12.12 CITY, ST, ZIP: _____	13.6 NAME: _____	
12.13 TITLE: _____	12.14 NAME: _____	13.7 STREET ADDRESS: _____	
12.15 STREET ADDRESS: _____	12.16 CITY, ST, ZIP: _____	13.8 CITY, ST, ZIP: _____	
12.17 TITLE: _____	12.18 NAME: _____	13.9 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.19 STREET ADDRESS: _____	12.20 CITY, ST, ZIP: _____	13.10 NAME: _____	
12.21 TITLE: _____	12.22 NAME: _____	13.11 STREET ADDRESS: _____	
12.23 STREET ADDRESS: _____	12.24 CITY, ST, ZIP: _____	13.12 CITY, ST, ZIP: _____	
12.25 TITLE: _____	12.26 NAME: _____	13.13 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.27 STREET ADDRESS: _____	12.28 CITY, ST, ZIP: _____	13.14 NAME: _____	
12.29 TITLE: _____	12.30 NAME: _____	13.15 STREET ADDRESS: _____	
12.31 STREET ADDRESS: _____	12.32 CITY, ST, ZIP: _____	13.16 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 119.07(4)(b), Florida Statutes. I further certify that the information included on this annual report or biennial report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation and the recipient of this report is empowered to execute this report, as required by Chapter 607, Florida Statutes, and that my name appears in the k-1 of this report, or any attachments, with an address.

SIGNATURE: *Michelle M Stoessner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 95 813 251-6687
DATE