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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jan 29 1997 8:00am Secretary of State

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<b>DOCUMENT</b>	# P930	0000460	040 (0	1

1. Corporation Name ROBERT L. SWYT JEWELER, INC.

Principal Place of Business Mailing Address 2224 1ST STREET 2224 1ST STREET FT MYERS FL 33901 FT MYERS FL 33901-2902			2902	•						
					<ol> <li>Date Incorporated or Qualifie 06/24/1993</li> </ol>		Date of Last I 3/18/1996	Report		
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number 65-0429286	I	A	Applied For Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc				5. Certificate of Status Desired			Additional Required	
City & Stat 23	0	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be I to Fees	
Zip <b>24</b>	Country 25	Z(p <b>29</b>	30 Co	untry		This corporation has liability     Florida Statutes	Yes	□ No	s. 199.032,	
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New	Kegistere	a Agent	***	
	T, ROBERT L									
	I 1ST STREET IYERS FL 33901			82	Street Add	dress (P.O. Box Number is Not Accept	table)			
rı N	IIENO FL 33801			83			<del></del>			
					47			lant m	0-4-	
				84	City		F	<b>85</b> Zip	Code	
SIGNATURE	im familiar with, and accept the oblinging street agreement of the street agreement.			ed Age		uired when reinstating)  ADDITIONS/CHANGES TO O	DATE		DRS IN 12	
12.	PSTD	DELET		TITLE		ADDITIONS/OF PARALET TO OF	TIOLIIO A	Change		
NAME	SWYT, ROBERT L	<b>_</b>		NAME						
STREET ADDRESS	3350 N KEY DR #911B		1.33	STREET	ADDRESS					
CITY - ST - ZIP	FT MYERS FL 33903		1.4 (	OITY-S	ST-ZIP					
TITLE		☐ DELET	E 2.1	TITLE				Change	Addition	
NAME			2.21	NAME	1					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		TT DELET			ST - ZIP			Change	Addition	
TITLE		☐ NETE!		TITLE NAME				ondrige	Lug rivoition	
NAME STREET ADORESS					ADDRESS					
CITY-ST-ZiP					ST-ZIP					
JULE THE		DELET		TITLE				Change	Addition	
NAME			4.2	NAME						
STREET ACCINESS			4.3	STREET	ADDRESS					
CITY-ST-ZIP				CITY-S	ST - ZIP					
TITLE		DELET		TITLE				Change	e []] Addition	
NAME			1	NAME						
STREET ADDRESS					ADDRESS					
CITY - ST - ZIF		DELET			ST-ZIP			Change	Addition	
Till.E		T DEFE		TITLE				First Critaring	NOUNDON	

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 appears in Block 12 or Blocky 13 (Lehanged, or on an attachment with an address.

6.4 CITY - ST - ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS