


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

FILED

May 13 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P930000 56772 <b>1. Corporation Name</b> SWEETWATER ASSOCIATES, INC			
<b>Principal Place of Business</b> 2560 POWERLINE POMPANO BEACH FL 33069-1057		<b>Mailing Address</b> 6691 H MONTEGO BOCA RATON, FL 33433	
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
<b>9. Name and Address of Current Registered Agent</b> FERNE KRON 6691 H MONTEGO BAY BOCA RATON, FL 33433		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
12.1 TITLE <input type="checkbox"/> DELETE NAME DAN KRON 12.2 STREET ADDRESS 6691 H MONTEGO BAY 12.3 CITY-STATE-ZIP BOCA RATON, FL 33433 12.4 TITLE <input type="checkbox"/> DELETE NAME FERNE KRON 12.5 STREET ADDRESS 6691 H MONTEGO BAY 12.6 CITY-STATE-ZIP BOCA RATON, FL 33433 12.7 TITLE <input type="checkbox"/> DELETE NAME 12.8 STREET ADDRESS 12.9 CITY-STATE-ZIP 12.10 TITLE <input type="checkbox"/> DELETE NAME 12.11 STREET ADDRESS 12.12 CITY-STATE-ZIP 12.13 TITLE <input type="checkbox"/> DELETE NAME 12.14 STREET ADDRESS 12.15 CITY-STATE-ZIP		13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP 13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-STATE-ZIP 13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-STATE-ZIP 13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-STATE-ZIP	
<b>14. I declare on oath 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 Block 13 if changed, or on an attachment with an address.</b>			
<b>SIGNATURE:</b> <i>[Signature]</i> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/28/97 561-397-1975 Date Daytime Phone #	

CR2E034 (9/96)