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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90032 011 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000057581

1. Corporation Name
SW CONSULTING, INC.



Principal Place of Business
**13180 N CLEVELAND AVE.
 SUITE 112
 N FT. MYERS FL 33903**

Mailing Address
**13180 N CLEVELAND AVE.
 SUITE 112
 N FT. MYERS FL 33903**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21
 Suite, Apt. #, etc.
SUITE 137
 City & State

23
 Zip Country

2a. Mailing Address

26
 Suite, Apt. #, etc.
SUITE 137
 City & State

28
 Zip Country

3. Date Incorporated or Qualified

08/12/1993

4. FEI Number

65-0427216

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 owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**PAUL, JOHN G
 120 DEL PRADO BLVD
 SUITE 3
 CAPE CORAL FL 33990**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **DPST LASTIC, STEVEN N**
 STREET ADDRESS: **13180 N CLEVELAND AVENUE SUITE 112**
 CITY-ST-ZIP: **N FT MYERS FL**

TITLE DELETE
 NAME
 STREET ADDRESS:
 CITY-ST-ZIP:

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TITLE DELETE
 NAME
 STREET ADDRESS:
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS; IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **13180 N. CLEVELAND AVE., SUITE 137**
 1.4 CITY-ST-ZIP **N. FORT MYERS, FL 33903**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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, with all other like empowered.

SIGNATURE: *Steven N. Lastic* **Steven N. Lastic** 3/29/99 941-656-1011
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)