

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P93000057965 (4)

1. Corporation Name

S & W HOMES, INC.



Principal Place of Business

**2330 NE 34TH CT.
LIGHTHOUSE PT. FL 33064
US**

Mailing Address

**2330 NE 34TH CT.
LIGHTHOUSE PT. FL 33064
US**

2. Principal Place of Business

21 2330 NE 34th Ct.
Street, Apt. #, etc.

22
City & State

23 Lighthouse Pt., Fl.
City

24 33064
Zip

25
Country

2a. Mailing Address

26 2339 NE 34th Ct.
Street, Apt. #, etc.

27
City & State

28 Lighthouse Pt., Fl
City

29 33064
Zip

30
Country

3. Date Incorporated or Qualified
08/13/1993

3a. Date of Last Report
08/01/1995

4. FEI Number
NOT APPLICABLE

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 s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SMITH & HIATT, P.A.
2400 E COMMERCIAL BLVD
SUITE 600
FT LAUDERDALE FL 33301**

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 607.0602 and 607.1504, 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 607.0604, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
Street Address
City, St., Zip
2. TITLE
NAME
Street Address
City, St., Zip
3. TITLE
NAME
Street Address
City, St., Zip
4. TITLE
NAME
Street Address
City, St., Zip
5. TITLE
NAME
Street Address
City, St., Zip
6. TITLE
NAME
Street Address
City, St., Zip
7. TITLE
NAME
Street Address
City, St., Zip
8. TITLE
NAME
Street Address
City, St., Zip
9. TITLE
NAME
Street Address
City, St., Zip
10. TITLE
NAME
Street Address
City, St., Zip
11. TITLE
NAME
Street Address
City, St., Zip
12. TITLE
NAME
Street Address
City, St., Zip

**P
SASS, DAVID L
2533 NE 26TH AVE.
LIGHTHOUSE PT. FL**

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST., ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST., ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST., ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST., ZIP

**President
David L. Sass
2330 NE 34th Ct., Fl
Lighthouse, Pt. Fl**

☐ Change ☐ Addition

☐ Change ☐ Addition

**900001725149
-02/27/96--01075--006
***200.00**

☐ Change ☐ Addition

**000001725150
-02/27/96--01075--007
***8.75**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is correct and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered agent 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, as applicable, of this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David L. Sass **David L. Sass President 2/16/96**
(904) 584-8664

CR2E034 (12/95)