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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000011557

1. Corporation Name

SWISS SHOP, INC.

Feb 24, 1999 8:00 am								
Secretary of State								
Secretary of State								
02-24-1999 90168 024 ***150 00								

DII DD



Principal Plac	e of Business			åt 71661 11801 91121	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1777 NE EXPRESSWAY 1777 NE EXPRESSWAY									
145		145				DO NOT WO	TE 141 TI	UO CDACE	
ATLANTA GA 30329 ATLANTA GA 30329						DO NOT WR	IE IN IH	IIS SPACE	
US		US				<ol> <li>Date Incorporated or Qualified 02/10/1994</li> </ol>			
2. Principal F	Place of Business	2a. Mailing Ad	ddress			4. FEI Number		Ap	oplied For
21		26				59-3223170		No.	t Applicable
Suite, Apt.	#, etc.	·	Suite, Apt. #, etc.			5. Certifcate of Status Desired	us Desired   \$8.75 Additional Fee Required		
City & Stat	te	City & Sta	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
23 Zip	Country	Zip	С	ountry		8. This corporation owes the cur	ent vear	Intangible	
24 25		29				Personal Property Tax.			
24	9. Name and Address of Curre			Τ.		10. Name and Address of New i	Registere	d Agent	
·····	<u> </u>			81	Name				
SCH	ineider, reto j			_			-L1-X		
	BAYMEADOWS WAY WEST		82 Str			dress (P.O. Box Number is Not Accept	ible)		
	E 302			83		<del></del>	-		
	KSONVILLE FL 32216								
•				84	City		F	85 Zip (	Code
dd Directoral	to the provinces of Sections 607.05	02 and 607 1508 FI	orida Statutes the	ahovi	-named cor	poration submits this statement for the	DUIDOSA	of changing its	registered
office or a	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida Such ch	ange was authoriz	rea nv	the corporat	tion's board of directors. I hereby acce	of the app	ointment as reg	gistered
	im lamiliai with, and accept the obliga	au0113 01, 0000011 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registe	red Ager	nt signature requir	red when reinstating)	DATE		
12.		ND DIRECTORS	1	3.	····	ADDITIONS/CHANGES TO OF	FICERS	AND DIRECTO	RS IN 12
TITLE	D		DELETE 1.1	TITLE				☐ Change	☐ Addition
NAME	MARTI, PETER		1.2	NAME					1
STREET ADDRESS	NAMES DAVISED ON A STANK W	VEST	13	STREET	T ADDRESS				<b>f</b>
CITY-ST-ZIP	JACKSONVILLE FL 32216		14	CITY-S	T-ZIP				
TITLE	P			TITLE				Change	☐ Addition
	SCHNEIDER, RETO J		22	NAME					ì
NAME ,	O/O O/OO DAVIATADONIO MA	v WEST			ADDRESS				
STREET ADDRESS	JACKSONVILLE FL 32256	, WEO!		4 CITY-S		• •			1
CITY-ST-ZIP	JACKSONVILLE FL 32230			TITLE	01-71F			Change	Addition
TITLE		_		NAME					
NAME			1		ADDRESS				
STREET ADDRESS			1		1				
CITY-ST-ZIP				CITY-S	51-ZIP			☐ Change	Addition
TITLE		L						_ ,	_
NAME				2 NAME					
STREET ADDRESS			1		TADORESS				
CITY-ST-ZIP				CITY-S	1-ZIP			☐ Change	Addition
TITLE				NAME					
NAME					T ADDRESS				
STREET ADDRESS					1				
CITY-ST-ZIP		F-		CITY-S	1-ZIP			☐ Change	Addition
TITLE		Ĺ_	, Dealer						
NAME				NAME		•			
STREET ADDRESS			6.3	STREE	TADDRESS				

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(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 any attackment with any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TY