SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 AM 8:13

DOCUMENT # **P94000012585 (3)**

1. Corporation Name

ASA BEVERAGE BROKERS, INC.

Principal Place of Business	Mailing Address
1736 S. HIAWASSEE RD. #33 ORLANDO FL 32835	1736 S. HIAWASSEE RD. #33 ORLANDO FL 32835

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/11/1994
3a. Date of Last Report: 1994
4. FEI Number: 59-3236341 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ANDERSON, MARK L
6548 TANGLEWOOD BAY DR.
#1824
ORLANDO FL 32821

only A change of Adress.

10. Name and Address of New Registered Agent

01 Name: ~~MARK~~ Anderson MARK L
02 Street Address (P.O. Box Number is Not Acceptable): 1736 S. HIAWASSEE RD
03: #33
04 City: ORLANDO FL 05 Zip Code: 32835

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: Mark L Anderson (Signature, typed or printed name of registered agent and title if applicable) Mark L Anderson (NOTE: Registered Agent signature required when reinstating) DATE: 6-14-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	☐ Change ☐ Addition
NAME	MARK L. Anderson RD#33	12 NAME	
STREET ADDRESS	1736 S HIAWASSEE	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32835	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Mark L Anderson (SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR) 6-14-95 (Date) 407 293-4515 (Daytime Phone #)

MARK L. Anderson

0139803 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P94000013269 (3)

1. Corporation Name

SWM ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7870 DENI DRIVE NORTH FORT MYERS FL 33917	7870 DENI DRIVE NORTH FORT MYERS FL 33917

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/17/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0471453 ☐ 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

SUTHERLAND, EDWARD L
7870 DENI DRIVE
NORTH FORT MYERS FL 33917

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	11 TITLE		☐ Change ☐ Addition
NAME	~~MILLS, W. KEVIN~~	12 NAME		
STREET ADDRESS	~~7870 DENI DRIVE~~	13 STREET ADDRESS		
CITY-ST-ZIP	~~NORTH FORT MYERS FL 33917~~	14 CITY-ST-ZIP		
TITLE	~~D/PST~~	21 TITLE	Pres./Sec'y./Treas./Director	☒ Change ☐ Addition
NAME	~~AMAND, MICHAEL~~ MICHAEL ST. AMAND	22 NAME	MICHAEL ST. AMAND	
STREET ADDRESS	~~7870 DENI DRIVE~~	23 STREET ADDRESS	212 S. Melville Drive, #6	
CITY-ST-ZIP	~~NORTH FORT MYERS FL 33917~~	24 CITY-ST-ZIP	Tampa, FL 33606	
TITLE	~~D~~	31 TITLE		☐ Change ☐ Addition
NAME	~~DURSO, NICHOLAS A~~	32 NAME		
STREET ADDRESS	~~7870 DENI DRIVE~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~NORTH FORT MYERS FL 33917~~	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	SUTHERLAND, EDWARD L	42 NAME		
STREET ADDRESS	7870 DENI DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is true and 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.

SIGNATURE: _____ 6/22/95 (941) 334-7040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number #
MICHAEL ST. AMAND, President

0334160 CP