

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 PM 3:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000023194 (1)

1. Corporation Name

SWISS PGV, INC.

Principal Place of Business

**1860 N CONGRESS AVE
W PALM BEACH FL 33401**

Mailing Address

**1860 N CONGRESS AVE
W PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/22/1994

3a. Date of Last Report

4. FEI Number

65-0197609

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 C. 193.092,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 1235 Winding Oaks Circle

Suite, Apt. #, etc.

22

City & State

23 Vero Beach, Florida

Zip

24 32963

Country

25 USA

2a. Mailing Address

26 1235 Winding Oaks Circle

Suite, Apt. #, etc.

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City & State

28 Vero Beach, Florida

Zip

29 32963

Country

30 USA

9. Name and Address of Current Registered Agent

**BRION, JACQUES
1860 N CONGRESS AVE
W PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1235 Winding Oaks Circle

83

84 City

Vero Beach

FL

85 Zip Code

32963

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 of corporation

(NOTE: Registered Agent signature required when mandating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

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Baerlocher, Rolf

1235 Winding Oaks Circle

Vero Beach, Florida 32963

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SIGNATURE:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.21.95. (407)848960