

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$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

APPROVED
AND
FILED

DOCUMENT # P94000029560 (7)

1. Corporation Name

SWF BUSINESS BROKERS, INC.

95 JUL 19 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2616 TAMiami TRAIL
HERITAGE SQUARE STE. 3
PORT CHARLOTTE FL 33952

Mailing Address

2616 TAMiami TRAIL
HERITAGE SQUARE STE. 3
PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/19/1994

3a. Date of Last Report

2. Principal Place of Business

21 13180 N. Cleveland Ave.

Suite, Apt. #, etc.

22 Suite 337

City & State

23 North Ft. Myers, FL

Zip

24 33903

Country

25 Lee

2a. Mailing Address

26 13180 N. Cleveland Ave

Suite, Apt. #, etc.

27 Suite 337

City & State

28 North Ft. Myers, FL

Zip

29 33903

Country

30 Lee

4. FEI Number

FD 45-0484955

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

OMERZU, MICHAEL A
2616 TAMiami TRAIL
HERITAGE SQUARE STE. 3
PORT CHARLOTTE FL 33952

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

Michael A. Omerzu

Michael A. Omerzu

7/11/95

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME OMERZU, MICHAEL A
STREET ADDRESS 2616 TAMiami TRAIL STE. 3 HERITAGE SQUARE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(b), 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:

Michael A. Omerzu

7/11/95

995-7111

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Telephone #