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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000029560 (7)

SWF BUSINESS BROKERS, INC.

					<u> </u>
Principal Place of Business Mailing Address					/  <b>  </b>
4563 TILTON COURT 4563 TILTON COURT					
SUITE 337 FT MYERS FL 33907		SUITE 337 FT MYERS FL 33907		DO NOT WRITE IN THIS SPACE	
US US				3. Date Incorporated or Qualified	
				04/19/1994	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# elc	Suite, Apt. #, etc.		65-0484955	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
-	9, Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Registere	id Agent
	IER <b>ZU</b> , MICHAEL A				
2616 TAMIAMI TRAIL HERITAGE SQUARE STE. 3			82 Street Ac	dress (P.O. Box Number is Not Acceptable)	
	RT CHARLOTTE FL 33952		83		
	•		84 City		85 Zip Code
			'	F	L   '
I office or f	regi <b>ster</b> ed agent, or both, in the State	eoi Honda. Such change was a	authorized by the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	of changing its registered
agent La	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statutes	/	/
SIGNATURE	Signature, typed or printed name of registered ag	on feed afterd applicable (NOTE	F Registered Agent signature rec	quired when reinstation) OAL	25
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PSTD	☐ OCLETE	1.1 TITLE		Change Addition
NAME	OMERZU, MCIHAEL A		1.2 NAME		
STREET ADDRESS	2616 TAMIAMI TRAIL STE. 3		13 STREET ADDRESS		
CITY-ST-ZIP TITLE	PORT CHARLOTTE FL 33952	DELETE	1.4 CITY-ST-ZIP		Channe DAdda
NAME		□ perrit	2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 City - S1 - ZiP		
TITLE		☐ DELETE	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		PARTITION	3.4. CITY - ST - 7IP		
TITLE NAME		L DELETE	4.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			4. 2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 HTLE		Change Addition
NAME		—	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-Z#P			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS	¥*		63 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6 4 CITY-ST-ZIP		1

14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

NONATURE MOS

dilace aution

**FILED** 

Jul 08 1998 8:00am

Secretary of State